BC PharmaCare Newsletter

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PHARMACARE COVERAGE OF CHOLINESTERASE INHIBITORS

Since 2007, the Alzheimer's Drug Therapy Initiative (ADTI) has provided temporary coverage for cholinesterase inhibitors (ChEIs) to collect evidence on their effectiveness in treating mild to moderate Alzheimer's disease. The ADTI is now complete and a decision has been made regarding ongoing coverage.

Effective **April 1, 2016**, PharmaCare covers donepezil for the treatment of mild to moderate Alzheimer's disease as a Limited Coverage benefit for patients who meet the following Special Authority (SA) criteria:

SPECIAL AUTHORITY CRITERIA	APPROVAL PERIOD
For the treatment of mild to moderate Alzheimer's disease, Alzheimer's disease with a vascular component, Alzheimer's disease with Parkinsonian features (Lewy bodies), or mixed dementia with Alzheimer's disease, in patients with: • a Standardized Mini Mental State Examination (SMMSE) score of ≥ 10 to ≤ 26 AND • a Global Deterioration Scale (GDS) stage of ≥ 4 to ≤ 6	Initial: 6 months Renewal: 1 year

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Please note:

- PharmaCare covers galantamine and rivastigmine (capsule only) for patients with a documented intolerance to donepezil who also meet the SA criteria above.
- PharmaCare does not cover switching from one ChEI to another for clinical ineffectiveness due to a lack of evidence that a different ChEI can provide a better therapeutic effect.
- PharmaCare does not cover the rivastigmine (Exelon®) patch.

Patients with existing coverage of a ChEI through the ADTI, including those on donepezil, galantamine, oral rivastigmine or the rivastigmine (Exelon®) patch are automatically approved for PharmaCare coverage for their current medication and will not be required to switch to donepezil.

To access the detailed criteria pages for ChEIs and the SA Request form, visit the SA web page and look up the drug name.

On the Information for Prescribers page, you will find links to:

- a detailed prescriber information sheet with clinical information.
- the rationale for the Ministry's decisions on coverage of ChEIs, along with the research reports used in making these decisions.

Coverage for ChEIs 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 SA approval is in place.

SPECIAL AUTHORITY REQUESTS FOR VANCOMYCIN BY PHARMACISTS

As this medication may be required urgently, pharmacists can contact the PharmaNet HelpDesk to request that a Special Authority for vancomycin be entered for a patient if the patient has confirmed that they have a diagnosis of CDI and that at least one of the four criteria below applies.

Special Authority Criteria	Approval Period
For the treatment of patients diagnosed with symptomatic Clostridium Difficile Infection (CDI) that: 1. Are allergic, resistant or intolerant to metronidazole **OR** 2. Have failed to respond to 4-6 days of oral metronidazole at doses of 500 mg three times a day **OR** 3. Have severe disease[i] and initial doses are prescribed by an infectious disease or gastro-intestinal specialist **OR** 4. Are experiencing a second recurrence[ii] and are recommended vancomycin on consultation from an infectious disease or gastro-intestinal specialist. Notes: i. Severe is defined as having any of the following symptoms: o white blood cell count > 15,000 mm^3 and fever o acute kidney injury with rising serum creatinine ≥ 1.5 times premorbid level or ≥ 175 micromole/litre o Pseudomembranous colitis, hypotension, shock, or megacolon. ii. Recurrence is defined as a subsequent CDI episode occurring within 2-8 weeks of a previous episode from the date of diagnosis.	**Initial:** Up to 14 days **Second or Further Recurrence:** 14 days