



# BC PharmaCare Newsletter

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## MEDICATION REVIEW SERVICES — CLARIFICATION

### Clarification of “Qualifying Medication”

Further to the [PharmaCare Newsletter 11-008](#) (July 15, 2011), please be aware of the following clarification of “qualifying medication”:

*Patients eligible to receive a medication review service must have **at least seven different qualifying medications** that have been entered into PharmaNet within the previous six months, **up to and including the day that the medication review service is provided.***

See page 10 of the “Medication Review Services – Policies, Procedures and Guidelines for Pharmacists Version 2.0” for details at [www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf).

## MEDICATION REVIEW SERVICES — QUESTIONS & ANSWERS

A “Frequently Asked Questions” document about Medication Review Services is now available on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/pdf/mrs-faq.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/mrs-faq.pdf). Most of the questions have come from pharmacists since the roll out of the revised policies, procedures and guidelines which came into effect on August 1, 2011, and this document may be useful if you have further questions. For complete information, please see “Medication Review Services – Policies, Procedures and Guidelines for Pharmacists Version 2.0” available at [www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf).

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.

## NEW BIOLOGIC COVERAGE FOR RHEUMATOID ARTHRITIS — TOCILIZUMAB

Pharmaceutical Services Division (PSD) is pleased to announce PharmaCare coverage for tocilizumab (Actemra®) as a Limited Coverage benefit for the treatment of rheumatoid arthritis, effective **August 9, 2011**.

For the specific Limited Coverage criteria please see the Special Authority request forms (see links below). The criteria are aligned with the criteria for TNF inhibitors for the treatment of rheumatoid arthritis.

PharmaCare will cover patients who meet the Limited Coverage criteria providing that tocilizumab has been prescribed by a rheumatologist and the rheumatologist has obtained Special Authority approval for the patient.

### Forms changes

The following Special Authority forms reflect the addition of tocilizumab:

Indication	Form Number	Form Title
Rheumatoid Arthritis	5345	<a href="#">Abatacept/Adalimumab/ Certolizumab/Etanercept/Golimumab/ Infiximab/Tocilizumab for Rheumatoid Arthritis – Initial/Switch</a>
	5354	<a href="#">Abatacept/Adalimumab/Certolizumab/Etanercept/Golimumab/ Infiximab/Tocilizumab for Rheumatoid Arthritis – Renewal</a>

Please visit the Special Authority section of our website for the forms and full criteria for coverage:

[www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/tocilizumab.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/tocilizumab.html)

## SPECIAL SERVICES FEES

The number of Special Services fees that PharmaCare paid each month over the past year:

Jul 2011 ..... 1,838	Mar 2011.... 1,556	Nov 2010 .... 2,134
Jun 2011 ..... 1,921	Feb 2011 .... 1,262	Oct 2010 .... 1,978
May 2011 ... 1,959	Jan 2011 ..... 1,283	Sep 2010..... 2,211
Apr 2011..... 1,654	Dec 2010 .... 2,322	Aug 2010 .... 2,170

## BENEFITS

### Regular Benefits

The following new product is now an eligible PharmaCare benefit for Fair PharmaCare and Plans B, C, F, and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
02270811	Finacea® (azelaic acid) 15% topical gel	No	Yes

## Limited Coverage Drug Program Benefits

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C and F. For the Special Authority criteria, please visit the [Special Authority Information](#) page on the PharmaCare website at [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare).

DIN	DRUG NAME	PLAN G	PLAN P
02350092	Actemra™ (tocilizumab) 80 mg/ 4 ml solution	No	Yes
02350106	Actemra™ (tocilizumab) 200 mg/ 10 ml solution	No	Yes
02350114	Actemra™ (tocilizumab) 400 mg/ 20 ml solution	No	Yes