



BC PharmaCare Newsletter

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NEWSLETTERS—CHOOSE YOUR DELIVERY METHOD

PharmaCare Newsletters and PharmaNet Bulletins have been published online for many years. We’re asking all pharmacists who still receive a printed copy of our publications to:

- consider subscribing to the online publication, or
- confirm their continuing need for a printed copy by completing the enclosed form.

If you are a subscriber and read our publications online, you don’t need to take any action. You are already getting the news as soon as it is available and can quickly click on the links in our publications to access related information.

If you are not a subscriber but would now prefer to read our publications online, sign up for our Subscription Service today. Simply visit www.health.gov.bc.ca/pharmacare/listserv/index.html and enter your e-mail address! That’s all there is to it. You will be notified by e-mail as soon as a new publication is posted to our website.

If you are not a subscriber and need a printed copy, fill out the enclosed form and return to the address provided. In future, we’ll mail a copy only to readers who confirm their need.

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.

PROSTHETIC & ORTHOTIC PROGRAM—SPINAL ORTHOSES

The Cheneau-style Brace has been added as a PharmaCare-eligible brace, up to the same maximum reimbursement amount as the other Thoracic-Lumbar-Sacral Orthoses (TLSO). However, it is important to note that a trained Team must be responsible for any patient receiving a Cheneau-style brace. The Team must include a certified orthotist and a physiotherapist, both with appropriate training certificates for Cheneau-style braces, and all members of the Team must have been trained in the use of Cheneau-style braces.

Please note that PharmaCare will not be adding the SpineCor Brace to the list of PharmaCare-eligible spinal braces.

These changes follow a review of the SpineCor and Cheneau-style braces by the Expert Advisory Committee on Prosthetics and Orthotics and a subsequent recommendation made to the Ministry regarding changes to the current eligible braces.

The [Prosthetic and Orthotic Program Detailed Policy and Procedural Requirements](#) document now reflects this change.

PHARMACARE TRENDS 2010/11 NOW AVAILABLE

The latest edition of *PharmaCare Trends*, which provides information on the PharmaCare program to health researchers, government officials and the general public, is now available. Published annually by the B.C. Ministry of Health, this publication also includes information on updated policies affecting drug coverage in British Columbia.

You can find this publication and others at: www.health.gov.bc.ca/pharmacare/publications.html.

SPECIAL SERVICES FEES

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

Dec 2011.....2,112	Aug 20111,804	Apr 2011 1,654
Nov 2011 2,002	Jul 2011.....1,838	Mar 2011 1,556
Oct 2011 1,891	Jun 2011.....1,921	Feb 2011..... 1,262
Sep 2011 1,949	May 2011 1,959	Jan 2011 1,283

BENEFITS

Special Authority Coverage of Febuxostat (Uloric®)

Effective **January 5, 2012**, febuxostat became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program for the treatment of gout in specific patients. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/febuxostat.html.

Coverage of febuxostat is subject to the usual rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Special Authority Coverage of Lacosamide (Vimpat®)

Effective **January 25, 2012**, lacosamide became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/lacosamide.html.

Coverage of lacosamide is subject to the usual rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Special Authority Coverage of Paliperidone Palmitate (Invega® Sustenna®)

Effective **January 25, 2012**, paliperidone palmitate became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/paliperidone-palmitate.html.

Coverage of paliperidone palmitate is subject to the usual rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Special Authority Coverage of Tenofovir (Viread®)

Effective **January 31, 2012**, the eligibility criteria for Special Authority coverage of tenofovir changed to include both cirrhotic and non-cirrhotic Hepatitis B. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/tenofovir.html.

Coverage of tenofovir is subject to the usual rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Regular Benefits

The following new products are now eligible PharmaCare benefits 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
02357860	Celestoderm® V/2 (betamethasone valerate) 0.05% cream	N	Y
02357844	Celestoderm® V (betamethasone valerate) 0.1% cream	N	Y
02357879	Celestoderm® V/2 (betamethasone valerate) 0.05% ointment	N	Y
02357852	Celestoderm® V (betamethasone valerate) 0.1% ointment	N	Y

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](http://www.health.gov.bc.ca/pharmacare) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.

DIN	DRUG NAME	PLAN G	PLAN P
02354217	Invega® Sustenna® (paliperidone palmitate) 50 mg/0.5 ml single-use prefilled syringe	Y	N
02354225	Invega® Sustenna® (paliperidone palmitate) 75 mg/0.75 ml single-use prefilled syringe	Y	N
02354233	Invega® Sustenna® (paliperidone palmitate) 100 mg/1 ml single-use prefilled syringe	Y	N
02354241	Invega® Sustenna® (paliperidone palmitate) 150 mg/1.5 ml single-use prefilled syringe	Y	N
02343541	Prolia® (denosumab) 60 mg/ml solution for injection prefilled syringe	N	N
02357380	Uloric® (febuxostat) 80 mg tablet	N	N
02357615	Vimpat® (lacosamide) 50 mg tablet	N	N

Limited Coverage Drug Program Benefits, continued

DIN	DRUG NAME	PLAN G	PLAN P
02357623	Vimpat® (lacosamide) 100 mg tablet	N	N
02357631	Vimpat® (lacosamide) 150 mg tablet	N	N
02357658	Vimpat® (lacosamide) 200 mg tablet	N	N

The Special Authority criteria for the following product have been modified. For the revised Special Authority criteria, please visit www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/tenofovir.html.

DIN	DRUG NAME	PLAN G	PLAN P
02247128	Viread® (tenofovir disoproxil fumarate) 300 mg tablet	N	N

BC PHARMACARE NEWSLETTER/PHARMANET BULLETIN
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