



BC PharmaCare Newsletter

January 25, 2011 Edition 11-001

Published by the Pharmaceutical Services Division to provide information for British Columbia’s health care providers

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PHARMACARE COVERAGE FOR OSELTAMIVIR (TAMIFLU®) AND ZANAMIVIR (RELENZA®) FOR THE 2010/11 INFLUENZA SEASON – UPDATE

Effective December 14, 2010, PharmaCare is covering oseltamivir (Tamiflu®) and zanamivir (Relenza®) for the 2010/11 influenza season according to Limited Coverage criteria published in PharmaCare Newsletter 10-016 available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/newsletter/10-016news.pdf .

The following further clarifies PharmaCare’s coverage of these products:

Do the regular PharmaCare rules apply to the expanded coverage for oseltamivir and zanamivir?

Yes, the usual PharmaCare plan rules apply to oseltamivir and zanamivir coverage for the 2010/11 influenza season. Actual coverage depends on the patient’s PharmaCare plan, including any annual deductible requirement. PharmaCare Newsletter 10-016 has been updated to clarify this point.

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.

What is the role of pharmacists in supporting PharmaCare coverage criteria when filling prescriptions for oseltamivir and zanamivir?

Pharmacists have a role to ensure that symptomatic patients who meet the Limited Coverage criteria have timely coverage of oseltamivir and zanamivir. Due to the risk of antiviral resistance and to ensure continued effectiveness of antiviral products, all clinicians involved should be selective and judicious in their assessment of patients.

Patients who do not meet the Limited Coverage criteria are still able to obtain prescriptions for oseltamivir or zanamivir, but will not be covered by PharmaCare for these prescriptions. If a pharmacist becomes aware that a patient does not meet the Limited Coverage criteria for oseltamivir and zanamivir and there is no indication on the prescription to "Submit as zero cost to PharmaCare", the pharmacist should try to seek clarification from the physician before dispensing the prescription.

The Ministry of Health Services will monitor and review the ongoing use of oseltamivir and zanamivir claims submitted to PharmaCare.

EXPANDED COVERAGE OF BISPHOSPHONATES FOR OSTEOPOROSIS

Effective **January 25, 2011**, PharmaCare is expanding coverage for alendronate (generics or Fosamax®), alendronate plus cholecalciferol (Fosavance®), and risedronate (generics or Actonel®) for the treatment of osteoporosis. In November 2009, the criteria for alendronate 10 mg and 70 mg and alendronate 70 mg plus cholecalciferol 5600 IU was broadened and the requirement for a trial of etidronate was removed. This broader coverage criteria is now being applied to risedronate 5 mg and 35 mg and the coverage criteria for alendronate and risedronate is being expanded to include glucocorticoid-induced osteoporosis.

In order to align with the expanded criteria for alendronate, alendronate plus cholecalciferol, and risedronate, the criteria for raloxifene have also been changed.

- Alendronate, alendronate plus cholecalciferol, risedronate and raloxifene are available through the Special Authority program according to specific Limited Coverage criteria. The criteria and Special Authority request forms are available in the Limited Coverage section of our website at:
www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html.
- Information sheets for patients and health professionals are also available at:
www.health.gov.bc.ca/pharmacare/pdf/alend-rised-prescriber.pdf and
www.health.gov.bc.ca/pharmacare/pdf/alend-rised-patient.pdf.

Please note that Special Authority approval cannot be provided retroactively and that actual coverage is subject to the patient's usual PharmaCare plan rules, including the Low Cost Alternative program and any annual deductible requirement.

SPECIAL SERVICES FEES

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

Dec 2010 2,322	Aug 2010 2,170	Apr 2010..... 2,108
Nov 2010 2,134	Jul 2010 1,999	Mar 2010 2,109
Oct 2010 1,978	Jun 2010..... 2,233	Feb 2010..... 1,832
Sep 2010..... 2,211	May 2010 ... 2,097	Jan 2010 1,731

BENEFITS

New LCA Categories

The following drugs (including both existing and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **February 25, 2011**.

New Category (Chemical Name)	DIN	Drug Name	Full/Partial Benefit	Max Price	LCA Price
DORZOLAMIDE HYDROCHLORIDE 2% ophthalmic drops	02216205	TRUSOPT®	P	4.0500	1.7010
	02296055	APO-DORZOLAMIDE	F	1.7010	
DORZOLAMIDE HYDROCHLORIDE / TIMOLOL MALEATE 2% - 0.5% ophthalmic drops	02240113	COSOPT®	P	6.1365	2.5773
	02299615	APO-DORZO-TIMOP	F	2.5773	

F – Fully covered under LCA Program

P – Partially covered under LCA Program