



# BC PharmaCare Newsletter

June 12, 2018 Edition 18-009

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

## QuickLinks

Expansion of Coverage for Insulin Pumps .....	1
Smoking Cessation Product Limits.....	1
PharmaCare Trends Report .....	2
Your Voice: Patient and Caregiver Input for Drug Decisions .....	2
Benefits .....	3

## EXPANSION OF COVERAGE FOR INSULIN PUMPS

As of July 3, 2018, there will no longer be an age restriction for insulin pump coverage in B.C.

Currently only people aged 25 or younger who meet eligibility criteria can receive PharmaCare coverage for insulin pumps. As of July 3, anyone who meets the eligibility criteria can work with their endocrinologist or diabetes specialist to apply for insulin pump coverage.

To enable this expansion of coverage, the Province engaged in a competitive process to find the best value for insulin pumps in B.C. The result of this process is a tiered approach, where new and existing insulin pump users who qualify for coverage will be provided the tier 1 option (the Omnipod system) at no cost, regardless of which PharmaCare plans they are covered under or what their deductible (co-pay) or family maximum is.

People with an exceptional clinical need, or for whom the tier 1 device is not suitable, can have their endocrinologist submit a request for exceptional coverage of the tier 2 option (the MiniMed pump) instead. This device may come with an out-of-pocket cost to the patient, depending on their PharmaCare plan and any deductible (co-pay) or family maximum.

PharmaCare continues to cover [pump supplies](#) for all pump models, regardless of whether a person’s device was covered by PharmaCare.

More information about this expansion is available on the [PharmaCare website](#).

## SMOKING CESSATION PRODUCT LIMITS

PharmaCare covers smoking cessation products for eligible B.C. residents who want to stop smoking or using tobacco products. Coverage is limited to a single continuous course of treatment lasting up to 12 weeks using one eligible smoking cessation product (i.e., one course of nicotine replacement therapy [NRT] or prescription medication) each

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.

[www.gov.bc.ca/pharmacarepharmacists](http://www.gov.bc.ca/pharmacarepharmacists) | [www.gov.bc.ca/pharmacareprescribers](http://www.gov.bc.ca/pharmacareprescribers) | [www.gov.bc.ca/pharmacaredeviceproviders](http://www.gov.bc.ca/pharmacaredeviceproviders)



Ministry of Health

calendar year. People opting to use NRTs may request a different eligible NRT product on a refill (each fill is a maximum 28-day supply) but may not switch from NRTs to prescription medication, or vice versa.

As of June 26, 2018, limits in PharmaNet are being introduced to ensure compliance with existing coverage maximums. If a person has already received coverage for their 12-week course of treatment in a calendar year, PharmaNet will refuse PharmaCare payment of any additional smoking cessation product costs.

The amount of product comprising a 12-week treatment course:

Type of Product	Product	Amount eligible for coverage in a year
Prescription Drugs	bupropion (Zyban®)	Up to 84 days of the prescribed dosage
	varenicline (Champix®)	Up to 84 days of the prescribed dosage
Nicotine Replacement Therapies	Nicorette® gum	Up to 9 boxes of 105 pieces
	Nicorette® lozenges	Up to 9 boxes of 88 lozenges
	Nicoderm® patch	Up to 12 boxes of 7 patches
	Nicorette® inhaler	Up to 12 boxes of 42 cartridges

For more information, refer to the list of [Eligible Smoking Cessation Products](#) and the [Pharmacists' Quick Reference Guide](#).

## PHARMACARE TRENDS REPORT

The [PharmaCare Trends Report](#) for the 2016–17 fiscal year is now available online.

The report highlights progress in delivering an effective, balanced and responsive PharmaCare program, with sections detailing expenditures by PharmaCare Plan, the top ten drugs covered by PharmaCare, formulary expansion, and more.

## YOUR VOICE: PATIENT AND CAREGIVER INPUT 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 [www.gov.bc.ca/BCyourvoice](http://www.gov.bc.ca/BCyourvoice).

BC PharmaCare is currently seeking input on the following drugs:

<b>DRUG NAME</b>	Pegfilgrastim (Lapelga™)
<b>INDICATION</b>	Febrile neutropenia
<b>INPUT WINDOW</b>	May 23–June 20, 2018

<b>DRUG NAME</b>	Ozenoxacin (Ozanex™)
<b>INDICATION</b>	Impetigo
<b>INPUT WINDOW</b>	May 23–June 20, 2018

## BENEFITS

### Limited Coverage Drugs

The following drugs have been added as Limited Coverage Drugs under Fair PharmaCare and Plans B, C, F, W, and, if indicated, G and P.

<b>COVERAGE EFFECTIVE</b>	May 15, 2018		
<b>DRUG NAME</b>	paliperidone palmitate (Invega Trinza®)		
<b>INDICATION</b>	Management of the manifestations of schizophrenia or related psychotic disorders (not dementia related)		
<b>DIN</b>	02455943	<b>STRENGTH/FORM</b>	175 mg/0.875 mL suspension in a pre-filled syringe
<b>DIN</b>	02455986	<b>STRENGTH/FORM</b>	263 mg/1.315 mL suspension in a pre-filled syringe
<b>DIN</b>	02455994	<b>STRENGTH/FORM</b>	350 mg/1.75 mL suspension in a pre-filled syringe
<b>DIN</b>	02456001	<b>STRENGTH/FORM</b>	525 mg/2.625 mL suspension in a pre-filled syringe
<b>PLAN G BENEFIT?</b>	Yes		
<b>PLAN P BENEFIT?</b>	No		

### Non-Benefits

The following drugs have been reviewed and will not be added as PharmaCare benefits.

<b>DIN</b>	<b>DRUG NAME</b>
02457997	travoprost (Izba™) 0.003% ophthalmic solution
02467860	insulin degludec (Tresiba®) 100 U/mL solution for injection in a cartridge (Penfill®)
02467879	insulin degludec (Tresiba®) 100 U/mL solution for injection in a pre-filled pen (FlexTouch®)
02467887	insulin degludec (Tresiba®) 200 U/mL solution for injection in a pre-filled pen (FlexTouch®)
02464276	lixisenatide (Adlyxine™) 0.05 mg/mL solution for injection in a pre-filled pen
02464284	lixisenatide (Adlyxine™) 0.1 mg/mL solution for injection in a pre-filled pen