



# BC PharmaCare Newsletter

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## EXPANDED COVERAGE FOR VENOUS THROMBOEMBOLISM

Effective **March 17, 2011**, PharmaCare will expand the coverage duration of dalteparin (Fragmin®) to up to 6 months for the treatment of venous thromboembolism (VTE) in patients with cancer who have either failed or who are unable to tolerate oral therapy with warfarin.

Dalteparin is a Limited Coverage benefit through the Special Authority Program.

Detailed criteria and the link to the Special Authority form are available at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/dalteparin.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/dalteparin.html).

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.

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.

## UPDATES TO THE PHARMACARE FORMULARY FOR DIABETES MEDICATIONS

### New Listing – Sitagliptin and Sitagliptin plus Metformin

Effective **March 17, 2011**, PharmaCare will cover sitagliptin (Januvia®) and sitagliptin plus metformin (Janumet®) for the treatment of type 2 diabetes mellitus. Detailed criteria and the Special Authority form are available at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/sitagliptin.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/sitagliptin.html).

### Changes to Pioglitazone Criteria for Coverage

Effective **March 17, 2011**, PharmaCare has updated the Limited Coverage criteria for pioglitazone. Revised criteria and the Special Authority form are available on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/pioglitazone.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/pioglitazone.html).

### PharmaCare Coverage for Rosiglitazone Products Discontinued

Effective **March 17, 2011**, PharmaCare coverage will be discontinued for rosiglitazone (Avandia®) and rosiglitazone plus metformin (Avandamet®). These two products are now PharmaCare non-benefits. This decision is in response to the recent Health Canada advisory regarding restrictions on the use of rosiglitazone-containing drug products after a reassessment of safety data suggesting a higher risk of serious heart problems. The advisory is available on the Health Canada website at: [www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2010/avandia\\_6\\_pc-cp-eng.php](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2010/avandia_6_pc-cp-eng.php).

The Health Canada advisory also outlined changes to the Canadian product monographs for rosiglitazone-containing products. As a result, rosiglitazone (Avandia®) and rosiglitazone plus metformin (Avandamet®) are now indicated for patients with type 2 diabetes as a last resort only (that is, after failure or intolerance to all other oral anti-diabetic drugs, including combinations of these drugs).

**Patients with existing PharmaCare coverage** for rosiglitazone or rosiglitazone plus metformin through the Special Authority program will continue to receive coverage during a **transition period** starting **March 17, 2011** and ending **June 25, 2011**. This transition period is intended to allow sufficient time for patients to discuss alternative treatment options with their health professionals.

All patients with existing coverage for rosiglitazone or rosiglitazone plus metformin automatically have coverage for pioglitazone. Please see the [link above](#) for criteria and the Special Authority form for pioglitazone.

New requests for coverage of rosiglitazone or rosiglitazone plus metformin will be considered on an exceptional case-by-case basis through the Special Authority program. Physicians will be required to submit supporting documentation to indicate that the patient has provided written consent, as outlined in the Health Canada advisory.

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.

## REDUCED MARK-UP FOR HIGH COST DRUGS

Effective **April 1, 2011**, PharmaCare will reimburse high cost drugs eligible for PharmaCare coverage to a maximum price based on the manufacturer list price plus a five percent mark-up.

High cost drugs subject to this policy are defined as those for which the expected daily cost of the drug at typical dosing is equal to or greater than \$40 (\$14,600 annual cost).

Certain high cost medications for short-term, PRN and/or acute treatments have been excluded from this policy at the discretion of PharmaCare.

The implementation of a limit on reimbursement of mark-up is contemplated in the Pharmacy Services Agreement and was the subject of consultation with the BC Pharmacy Association, the Canadian Association of Chain Drug Stores and drug wholesaler and manufacturer representatives.

The current list of drugs to which the Reduced Mark-up for High Cost Drugs policy applies is in the table below. This list will be updated and communicated by PharmaCare as required to reflect additions and deletions.

### Reduced Mark-up for High Cost Drugs – List of Affected Products

DIN / PIN	Chemical Description	Product Name
02282097	Abatacept 250 mg vial	Orencia®
02258595	Adalimumab 40 mg / 0.8 mL kit	Humira®
02204606	Alpha 1-Proteinase inhibitor 1000 mg vial	Prolastin-C®
02245913	Anakinra 100 mg / 0.67 mL syringe	Kineret®
02131064	Baclofen 2 mg / mL ampul	Lioresal®
02244981	Bosentan 62.5 mg tablet	Tracleer®
02244982	Bosentan 125 mg tablet	Tracleer®
01981501	Botulinum toxin 100 unit vial	Botox®
02324032	Botulinum toxin 100 unit vial	Xeomin®
02331675	Certolizumab Pegol 400 mg / 2 mL syringe kit	Cimzia®
02244849	Colistimethate sodium 150 mg vial	Colistimethate®
02287447	Deferasirox 500 mg tablet for suspension	Exjade®
02230848	Epoprostenol sodium 1.5 mg vial	Flolan®
02242903	Etanercept 25 mg kit	Enbrel®
02274728	Etanercept 50 mg/mL syringe	Enbrel®
01968017	Filgrastim 300 mcg/mL vial	Neupogen®
02245619	Glatiramer acetate 20 mg kit	Copaxone®

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**Reduced Mark-up for High Cost Drugs – List of Affected Products (Continued...)**

DIN / PIN	Chemical Description	Product Name
02324776	Golimumab 50 mg / 0.5 mL pre-filled syringe	Simponi®
02324784	Golimumab 50 mg / 0.5 mL auto-injector	Simponi®
02146118	Hydromorphone 20 mg/mL vial	Dilaudid-HP-Plus®
02146126	Hydromorphone 50 mg/mL vial	Hydromorphone HP 50®
02230694	Imiglucerase 200 unit vial	Cerezyme®
02241751	Imiglucerase 400 unit vial	Cerezyme®
02244016	Infliximab 100 mg vial	Remicade®
02269201	Interferon beta-1a 30 mcg / 0.5 mL kit	Avonex® PS
02169649	Interferon beta-1b 0.3 mg vial	Betaseron®
02337819	Interferon beta-1b 0.3 mg vial	Extavia®
02237319	Interferon beta-1a 22 mcg / 0.5 mL syringe	Rebif®
02237320	Interferon beta-1a 44 mcg / 0.5 mL syringe	Rebif®
02318253	Interferon beta-1a 66 mcg / 1.5 mL cartridge	Rebif®
02318261	Interferon beta-1a 132 mcg / 1.5 mL cartridge	Rebif®
00839205	Octreotide acetate 100 mcg/mL ampul	Sandostatin®
02260565	Omalizumab 150 mg vial	Xolair®
02253429	Ribavirin / interferon alpha-2a, 200 mg / 180 mg combination pkg	Pegasys® RBV
02246030	Ribavirin / interferon alpha-2b, 200 mg / 150 mg combination pkg	Pegetron®
02254581	Ribavirin / interferon alpha-2b, 200 mg / 80 mg pen injection kit	Pegetron®
02254603	Ribavirin / interferon alpha-2b, 200 mg / 100 mg pen injection kit	Pegetron®
02254638	Ribavirin / interferon alpha-2b, 200 mg / 120 mg pen injection kit	Pegetron®
02254646	Ribavirin / interferon alpha-2b, 200 mg / 150 mg pen injection kit	Pegetron®
02241927	Rituximab 10 mg/mL vial	Rituxan®
02243078	Somatropin 12 mg cartridge	Humatrope®
02243079	Somatropin 24 mg cartridge	Humatrope®
00745626	Somatropin 5 mg/mL vial	Humatrope®
02216191	Somatropin, kit: 10 mg vial (powder) + 10 mL vial (liquid)	Nutropin®

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## Reduced Mark-up for High Cost Drugs – List of Affected Products (Continued...)

DIN / PIN	Chemical Description	Product Name
02249002	Somatropin 10 mg / 2 mL cartridge	Nutropin®
02237971	Somatropin 5 mg vial	Saizen®
02272083	Somatropin 8.8 mg vial	Saizen®
02254689	Teriparatide 20 mcg pen injector	Forteo®
02246552	Treprostinil sodium 1 mg/mL vial	Remodulin®
02246554	Treprostinil sodium 5 mg/mL vial	Remodulin®
02246555	Treprostinil sodium 10 mg/mL vial	Remodulin®
02320673	Ustekinumab 45 mg / 0.5 mL vial	Stelara®
66123781	Sodium phenyl butyrate powder Note: Un-classed therapeutic non-benefits (SAP)	Buphenyl®

## REIMBURSEMENT FOR NONRETURNABLE HIGH COST INJECTABLE DRUGS

In recognition of the potential commercial risks associated with the procurement and dispensing of high-cost injectable drugs, beginning **April 1, 2011**, PharmaCare will allocate a pool of funds to provide reimbursement for the adjudicated PharmaCare-paid ingredient cost for a high-cost injectable drug that was ordered for a specific patient but, due to circumstances outside the control of the pharmacy, was not received by the patient. Reimbursement is subject to the eligibility of a drug as determined by PharmaCare, the availability of funds, and the specific conditions defined below under "Reimbursement Policy".

### Funding and Payments

- The amount of funds available in each fiscal year for this reimbursement program will be equivalent to 0.25% of the total PharmaCare expenditures over the preceding fiscal year for the list of drugs to which this program applies ([see below](#)).
- Reimbursements will be paid on a quarterly basis following the end of the quarter in which the claim is reversed.
- The funds available for these reimbursements in each quarterly period will be equivalent to 25% of the total amount available for the year.
- In the event the total cost of claims in a given quarterly period exceeds the funds available for that period, all the funds available will be disbursed on a pro-rated basis.
- Any available funds that are not distributed for a given quarterly period will be carried forward to the following quarter.
- Any funds remaining from the total available amount at the end of the fiscal year will be retained by the Province.

## Reimbursement Policy

A pharmacy may submit a claim for compensation for a reversed claim for an eligible high-cost injectable drug where all of the following conditions are met:

1. The original claim was previously submitted to PharmaCare and the PharmaCare-paid ingredient cost amount was adjudicated as greater than \$0.00.

The original claim was reversed, with the use of the intervention code **NR** – Non-returnable Drug Reimbursement within 30 days of the patient's service date for the original claim.

**Note:** if the intervention code **NR** is not entered for the reversal no reimbursement can be made. No retroactive payments will be made due to the omission of the intervention code or for reversals submitted later than 30 days following the date of the original claim.

2. The drug was ordered for purposes of filling a prescription for a specific patient.
3. Subsequent to ordering the drug, the pharmacy learned that the patient's treatment was terminated or suspended or that the patient was otherwise unable to take delivery of the drug.
4. The pharmacy had no opportunity to dispense the drug to another patient or return the drug for refund.
5. The pharmacy has not submitted a previous claim for compensation of a reversed eligible high-cost injectable drug claim in relation to the same patient within the same fiscal year.
6. Product loss due to theft, fraud, handling error, equipment or power failure, Act of God or other cause not specifically contemplated above is not eligible for reimbursement pursuant to this policy.

Reimbursements will be paid via a financial adjustment to the pharmacy payment on a quarterly basis following the end of the quarter in which the claim is reversed.

In the event the total cost of reimbursement claims in a given quarterly period exceeds the funds available for that period, reimbursements will be pro-rated based on the proportion of total claimed reimbursements an individual claim represents.

Pharmacies are reminded that in accordance with Bylaw 21 of the Pharmacy Operations and Drug Scheduling Act, "A registrant must reverse information in the PharmaNet database, for any drug that is not released to the patient or the patient's representative, and record the reason for the reversal no later than 30 days from the date of the original entry of the prescription information in PharmaNet." Claims that are not reversed in this circumstance are subject to recovery by PharmaCare.

## Reimbursement for Nonreturnable High Cost Injectable Drugs – List of Affected Products

This list will be updated and communicated by PharmaCare as required to reflect additions and deletions.

DIN / PIN	Chemical Description	Product Name
02282097	Abatacept 250 mg vial	Orencia®
02258595	Adalimumab 40 mg / 0.8 mL kit	Humira®
02204606	Alpha 1-Proteinase inhibitor 1000 mg vial	Prolastin-C®
02245913	Anakinra 100 mg / 0.67 mL syringe	Kineret®
02131064	Baclofen 2 mg / mL ampul	Lioresal®
01981501	Botulinum toxin 100 unit vial	Botox®
02324032	Botulinum toxin 100 unit vial	Xeomin®
02331675	Certolizumab Pegol 400 mg / 2 mL syringe kit	Cimzia®
02244849	Colistimethate sodium 150 mg vial	Colistimethate®
02230848	Epoprostenol sodium 1.5 mg vial	Flolan®
02242903	Etanercept 25 mg kit	Enbrel®
02274728	Etanercept 50 mg/mL syringe	Enbrel®
01968017	Filgrastim 300 mcg/mL vial	Neupogen®
02245619	Glatiramer acetate 20 mg kit	Copaxone®
02324776	Golimumab 50 mg / 0.5 mL pre-filled syringe	Simponi®
02324784	Golimumab 50 mg / 0.5 mL auto-injector	Simponi®
02146118	Hydromorphone 20 mg/mL vial	Dilaudid-HP-Plus®
02146126	Hydromorphone 50 mg/mL vial	Hydromorphone HP 50®
02230694	Imiglucerase 200 unit vial	Cerezyme®
02241751	Imiglucerase 400 unit vial	Cerezyme®
02244016	Infliximab 100 mg vial	Remicade®
02269201	Interferon beta-1a 30 mcg / 0.5 mL kit	Avonex® PS
02169649	Interferon beta-1b 0.3 mg vial	Betaseron®
02337819	Interferon beta-1b 0.3 mg vial	Extavia®
02237319	Interferon beta-1a 22 mcg / 0.5 mL syringe	Rebif®
02237320	Interferon beta-1a 44 mcg / 0.5 mL syringe	Rebif®
02318253	Interferon beta-1a 66 mcg / 1.5 mL cartridge	Rebif®
02318261	Interferon beta-1a 132 mcg / 1.5 mL cartridge	Rebif®

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### Reimbursement for Nonreturnable High Cost Injectable Drugs (Continued...)

DIN / PIN	Chemical Description	Product Name
00839205	Octreotide acetate 100 mcg/mL ampul	Sandostatin®
02260565	Omalizumab 150 mg vial	Xolair®
02253429	Ribavirin / interferon alpha-2a, 200 mg /180 mg combination pkg	Pegasys® RBV
02246030	Ribavirin / interferon alpha-2b, 200 mg / 150 mg combination pkg	Pegetron®
02254581	Ribavirin / interferon alpha-2b, 200 mg / 80 mg pen injection kit	Pegetron®
02254603	Ribavirin / interferon alpha-2b, 200 mg / 100 mg pen injection kit	Pegetron®
02254638	Ribavirin / interferon alpha-2b, 200 mg / 120 mg pen injection kit	Pegetron®
02254646	Ribavirin / interferon alpha-2b, 200 mg / 150 mg pen injection kit	Pegetron®
02241927	Rituximab 10 mg/mL vial	Rituxan®
02243078	Somatropin 12 mg cartridge	Humatrope®
02243079	Somatropin 24 mg cartridge	Humatrope®
00745626	Somatropin 5 mg/mL vial	Humatrope®
02216191	Somatropin, kit: 10 mg vial (powder) + 10 mL vial (liquid)	Nutropin®
02249002	Somatropin 10 mg / 2 mL cartridge	Nutropin®
02237971	Somatropin 5 mg vial	Saizen®
02272083	Somatropin 8.8 mg vial	Saizen®
02254689	Teriparatide 20 mcg pen injector	Forteo®
02246552	Treprostinil sodium 1 mg/mL vial	Remodulin®
02246554	Treprostinil sodium 5 mg/mL vial	Remodulin®
02246555	Treprostinil sodium 10 mg/mL vial	Remodulin®
02320673	Ustekinumab 45 mg / 0.5 mL vial	Stelara®

## NEW PROCESS FOR GENERIC DRUG LISTINGS AND UPDATES TO THE LCA AND RDP PROGRAMS

Effective **April 7, 2011**, PharmaCare is changing the way that it announces:

- new generic drug listings; and,
- updates to the Low Cost Alternative (LCA) and Reference Drug (RDP) programs.

On April 7<sup>th</sup>, the Acrobat PDF version of the LCA/RDP Booklet will be replaced by a set of spreadsheets that will be updated monthly. The spreadsheets, along with a guide to their interpretation, will be posted on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/lca/lcbooklets.html](http://www.health.gov.bc.ca/pharmacare/lca/lcbooklets.html).



With this change, you will be able to refer to a single document to determine the most recent status of new and existing drug products in the LCA or RDP programs rather than having to review all prior PharmaCare newsletters for changes made since the last publication of the LCA/RDP booklet.

Effective **April 7, 2011**, PharmaCare will no longer announce new generic drug listings or updates to the LCA or RDP programs through PharmaCare newsletters. PharmaCare will continue to provide at least thirty (30) days prior notice of any new LCA categories, de-listings and decreases to LCA prices or RDP prices in the LCA/RDP updates workbook.

## Spreadsheet contents

PharmaCare will post the following three files on our website every month:

1. **LCA master spreadsheet** – includes all new and existing generic drugs within the LCA program with their current reimbursement limits
2. **RDP master spreadsheet** – includes all new and existing drug within the RDP program with their current reimbursement limits
3. **LCA/RDP Updates Workbook** – includes the following four spreadsheets:
  - a. **Summary Spreadsheet** – summarizes the most recent changes made to the generics formulary, the LCA program or the RDP program
  - b. **LCA Updates Spreadsheet** – records all updates made to the master LCA spreadsheet since April 7, 2011, in a cumulative manner
  - c. **RDP Updates Spreadsheet** – records all updates made to the master RDP spreadsheet since April 7, 2011, in a cumulative manner
  - d. **Non-benefit Spreadsheet** – records all non-benefit generic drug listing decisions made since April 7, 2011, in a cumulative manner

### The cumulative spreadsheets include:

- all new generic drug listings
- all new LCA categories
- all changes and effective dates for new LCA or RDP reimbursement limits
- any drug de-listings

## Spreadsheet file format

All spreadsheets are in comma-separated values (CSV) format. Users will be able to sort and filter the file contents and import them into Excel or a database.

## Spreadsheet updates schedule

New versions will be posted on **the first Thursday of every month** on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html](http://www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html).

**Mid-cycle updates**

On occasion, a change to the LCA or RDP program may come into effect between the regular monthly updates, including the:

- implementation of generic drug pricing adjustments as set out in the Pharmacy Services Agreement; and,
- expedited implementation of coverage for significant first-entry generics.

If this is the case, PharmaCare will post refreshed versions of the LCA and RDP master spreadsheets and the LCA/RDP updates workbook online on the effective date of the PharmaCare reimbursement change.

**Tip:** To make sure you always have the most recent information, check the website on the first Thursday of the month and then again in the middle of the month.

**“PHARMACARE TRENDS 2009/10” IS NOW AVAILABLE ON OUR WEBSITE!**

Published by the B.C. Ministry of Health Services, [PharmaCare Trends 2009/10](#) provides information on the PharmaCare program to health researchers, government officials and the public.

You can find this publication and others at: [www.health.gov.bc.ca/pharmacare/publications.html](http://www.health.gov.bc.ca/pharmacare/publications.html) .

**PROSTHETIC AND ORTHOTIC PROGRAM — EXCHANGE RATE UPDATE**

**New U.S. Exchange rate – \$0.9787\***

**\*Based on the [Bank of Canada](#) rate at the close of business on February 25, 2011.**

The price list for prosthetic components is reviewed regularly and adjusted, as needed, based on the posted close of business U.S. Exchange rate published by the Bank of Canada.

In times of significant fluctuation, rates are reviewed and adjusted whenever the rate changes by more than five cents and remains at a variance of five cents or more for at least five working days.

**SPECIAL SERVICES FEES**

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

Feb 2011.....1,262	Oct 2010 .... 1,978	Jun 2010.....2,233
Jan 2011.....1,283	Sep 2010..... 2,211	May 2010 ....2,097
Dec 2010.....2,322	Aug 2010..... 2,170	Apr 2010 .....2,108
Nov 2010.....2,134	Jul 2010 ..... 1,999	Mar 2010 ....2,109

## 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
02268086	Risperdal® M Tab (risperidone) 3 mg orally disintegrating tablets	Yes	Yes
02268094	Risperdal® M Tab (risperidone) 4 mg orally disintegrating tablets	Yes	Yes
02285576	NorLevo® (levonorgestrel) 0.75 mg tablets	No	No
02333619	GlucaGen® (glucagon) 1 mg vial	No	No
02333627	GlucaGen® HypoKit (glucagon) 1 mg kit	No	No
02312263	Cesamet® (nabilone) 0.25 mg capsules	No	No
02319012	Xamiol® (calcipotriol - betamethasone dipropionate) 50 mcg/g, 0.5 mg/g gel	No	No

### Benefits — Limited Coverage Drug Program

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only and, if indicated below, Plan G or Plan P. For the Special Authority criteria, please visit the [Special Authority Information](http://www.health.gov.bc.ca/pharmacare/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
02350122	Saizen® (somatropin) 6 mg solution for injection in a cartridge	No	No
02350130	Saizen® (somatropin) 12 mg solution for injection in a cartridge	No	No
02350149	Saizen® (somatropin) 20 mg solution for injection in a cartridge	No	No
02334186	Duragesic® MAT 12 mcg/hr (fentanyl) transdermal patches	No	Yes

### Limited Coverage Drug Program – No Change to Criteria

The products listed in the table below had submission requests to modify their Special Authority criteria (See [www.health.gov.bc.ca/pharmacare/formulary/](http://www.health.gov.bc.ca/pharmacare/formulary/)). The submissions have been reviewed and their Special Authority criteria will not be changed. For the Special Authority criteria, please visit the Limited Coverage Drug Program Index on the PharmaCare website at [www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html](http://www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html).

DIN	DRUG NAME
02258692	Cosopt® PF (dorzolamide - timolol) preservative-free aqueous ophthalmic solution

## New LCA Categories

The following drugs (including both existing and new PharmaCare benefits) will be included as new LCA categories on PharmaNet, effective **April 18, 2011**.

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	FULL/ PARTIAL LCA BENEFIT	RDP	MAX PRICE	LCA PRICE
5-Aminosalicylic Acid 400 mg tablet	01997580	Asacol <sup>®</sup>	P		0.5616	0.4277
	02171929	Novo-5 ASA - ECT	F		0.4277	
Ramipril / Hydrochlorothiazide 10 mg / 12.5 mg tablet	02283166	Altace <sup>®</sup> HCT	P	REF	0.5157	0.3094
	02342154	Pms-ramipril-HCTZ	F	REF	0.3094	
Ramipril / Hydrochlorothiazide 10 mg / 25 mg tablet	02283182	Altace <sup>®</sup> HCT	P	REF	0.5157	0.3094
	02342170	Pms-ramipril-HCTZ	F	REF	0.3094	
Tamsulosin Hydrochloride 0.4 mg CR tablet	02270102	Flomax <sup>®</sup> CR	P		0.6480	0.2722
	02340208	Sandoz-tamsulosin CR	F		0.2722	
Valsartan 40 mg tablet	02270528	Diovan <sup>®</sup>	P		1.2574	0.5281
	02337487	Co valsartan	F		0.5281	
	02363062	Ran-valsartan	F		0.5281	
	02356740	Sandoz valsartan	F		0.5281	
	02356643	Teva-valsartan	F		0.5281	
Valsartan 80 mg tablet	02244781	Diovan <sup>®</sup>	P		1.2778	0.5367
	02337495	Co valsartan	F		0.5367	
	02363100	Ran-valsartan	F		0.5367	
	02356759	Sandoz valsartan	F		0.5367	
	02356651	Teva-valsartan	F		0.5367	
Valsartan 160 mg tablet	02244782	Diovan <sup>®</sup>	P		1.2778	0.5367
	02337509	Co valsartan	F		0.5367	
	02363119	Ran-valsartan	F		0.5367	
	02356767	Sandoz valsartan	F		0.5367	
	02356678	Teva-valsartan	F		0.5367	
Valsartan 320 mg tablet	02289504	Diovan <sup>®</sup>	P		1.2281	0.5158
	02337517	Co valsartan	F		0.5158	
	02356775	Sandoz valsartan	F		0.5158	
	02356686	Teva-valsartan	F		0.5158	

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## New LCA Categories (Continued...)

NEW CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	FULL/ PARTIAL LCA BENEFIT	RDP	MAX PRICE	LCA PRICE
Valsartan / Hydrochlorothiazide 80 mg / 12.5 mg tablet	02241900	Diovan®-HCT	P		1.2778	0.5367
	02356996	Teva-valsartan HCT	F		0.5367	
	02356694	Valsartan HCT	F		0.5367	
Valsartan / Hydrochlorothiazide 160 mg / 12.5 mg tablet	02241901	Diovan®-HCT	P		1.2778	0.5367
	02357003	Teva-valsartan HCT	F		0.5367	
	02356708	Valsartan HCT	F		0.5367	
Valsartan / Hydrochlorothiazide 160 mg / 25 mg tablet	02246955	Diovan®-HCT	P		1.2778	0.5367
	02357011	Teva-valsartan HCT	F		0.5367	
	02356716	Valsartan HCT	F		0.5367	
Valsartan / Hydrochlorothiazide 320 mg / 12.5 mg tablet	02308908	Diovan®-HCT	P		1.2281	0.5158
	02357038	Teva-valsartan HCT	F		0.5158	
	02356724	Valsartan HCT	F		0.5158	
Valsartan / Hydrochlorothiazide 320 mg / 25 mg tablet	02308916	Diovan®-HCT	P		1.2281	0.5158
	02357046	Teva-valsartan HCT	F		0.5158	
	02356732	Valsartan HCT	F		0.5158	

F – Fully covered under LCA Program

P – Partially covered under LCA Program

## Low Cost Alternative (LCA) / Reference Drug Program (RDP) Booklet — Changes

## New Drugs Categorized to LCA and/or RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Fair PharmaCare and Plans B, C, F, and, if applicable, Plan G. (For the Plan G formulary, 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](http://www.health.gov.bc.ca/pharmacare).)

The following products are now eligible PharmaCare benefits for Plan P and also eligible under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C and F.

DIN	DRUG NAME	FULL / PARTIAL LCA BENEFIT
02331551	Teva-lactulose 10 g / 15 mL solution	F

F – Fully covered under LCA Program

## New Drug Identification Numbers

New Drug Identification Numbers (DINs) for Fragmin<sup>®</sup> (dalteparin sodium), effective **March 3, 2011**, in PharmaNet:

PRODUCT NAME	PRODUCT DESCRIPTION	SIZE	Old DIN	New DIN
Fragmin <sup>®</sup> (dalteparin sodium)	7,500 IU (anti-Xa)/ 0.3 mL pre-filled syringe	5 x 0.3 mL	02132648	<b>02352648</b>
Fragmin <sup>®</sup> (dalteparin sodium)	15,000 IU (anti-Xa)/ 0.6 mL pre-filled syringe	5 x 0.6 mL	02132648	<b>02352672</b>
Fragmin <sup>®</sup> (dalteparin sodium)	10,000 IU (anti-Xa)/ 0.4 mL pre-filled syringe	5 x 0.4 mL	02132648	<b>02352656</b>
Fragmin <sup>®</sup> (dalteparin sodium)	12,500 IU (anti-Xa)/ 0.5 mL pre-filled syringe	5 x 0.5 mL	02132648	<b>02352664</b>
Fragmin <sup>®</sup> (dalteparin sodium)	18,000 IU (anti-Xa)/ 0.72 mL pre-filled syringe	5 x 0.72 mL	02132648	<b>02352680</b>

Patients who were receiving DIN: 02132648 covered under Special Authority Program will be immediately eligible to receive identical PharmaCare coverage with new DINs, subject to plan rules and family deductibles.

## NON-BENEFITS

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

DIN	DRUG NAME
02313766	Adalat <sup>®</sup> XL <sup>®</sup> Plus (nifedipine - ASA) 20 mg extended-release tablets / 81 mg
02313774	Adalat <sup>®</sup> XL <sup>®</sup> Plus (nifedipine - ASA) 30 mg extended-release tablets / 81 mg
02313782	Adalat <sup>®</sup> XL <sup>®</sup> Plus (nifedipine - ASA) 60 mg extended-release tablets / 81 mg
02248808	Adderall XR <sup>®</sup> (mixed amphetamine salts) 5 mg extended release capsules
02248809	Adderall XR <sup>®</sup> (mixed amphetamine salts) 10 mg extended release capsules
02248810	Adderall XR <sup>®</sup> (mixed amphetamine salts) 15 mg extended release capsules
02248811	Adderall XR <sup>®</sup> (mixed amphetamine salts) 20 mg extended release capsules
02248812	Adderall XR <sup>®</sup> (mixed amphetamine salts) 25 mg extended release capsules
02248813	Adderall XR <sup>®</sup> (mixed amphetamine salts) 30 mg extended release capsules
02297787	Actonel <sup>®</sup> (risedronate) 75 mg tablets
02316838	Actonel <sup>®</sup> (risedronate) 150 mg tablets
02322951	Vyvanse <sup>®</sup> (lisdexamfetamine dimesylate) 30 mg capsules
02322978	Vyvanse <sup>®</sup> (lisdexamfetamine dimesylate) 50 mg capsules
02321114	Lotemax <sup>®</sup> (loteprednol etabonate) 0.5% ophthalmic suspension

The following **generic products** have been reviewed and will not be added as benefits under PharmaCare.

DIN	DRUG NAME
02318024	Apo-atomoxetine 10 mg capsule
02318083	Apo-atomoxetine 100 mg capsule
02318032	Apo-atomoxetine 18 mg capsule
02318040	Apo-atomoxetine 25 mg capsule
02318059	Apo-atomoxetine 40 mg capsule
02318067	Apo-atomoxetine 60 mg capsule
02318075	Apo-atomoxetine 80 mg capsule
02354705	Apo-valacyclovir 1000 mg tablet
00621366	Bioderm 500 unit /10,000 unit per gram ointment
02321475	Co repaglinide 0.5 mg tablet
02321483	Co repaglinide 1 mg tablet
02321491	Co repaglinide 2 mg tablet
02348969	Letrozole 2.5 mg tablet
02314282	Novo-alfuzosin PR 10 mg tablet
02322498	Pms-testosterone 40 mg capsule
00695440	Quinine - odan 200 mg capsule
00695459	Quinine - odan 300 mg capsule
00695432	Quinine - odan 300 mg tablet