BC PharmaCare Newsletter

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IN THIS ISSUE

BIOSIMILARS INITIATIVE LAUNCHED

Beginning May 27, 2019, PharmaCare is changing coverage of infliximab, etanercept and insulin glargine, for certain indications, as Phase 1 of the Biosimilars Initiative. This initiative is intended to switch PharmaCare patients from originator biologics to biosimilars, which are just as safe and effective, but less expensive.

Drug	Originator	Biosimilars	Indications Affected
insulin glargine	Lantus®	Basaglar™	Diabetes (Type 1 and 2)
etanercept	Enbrel®	Brenzys®	Ankylosing Spondylitis Rheumatoid Arthritis
		Erelzi™	Ankylosing Spondylitis Rheumatoid Arthritis Psoriatic Arthritis
infliximab	Remicade®	Inflectra® Renflexis™	Ankylosing Spondylitis Plaque Psoriasis Psoriatic Arthritis Rheumatoid Arthritis

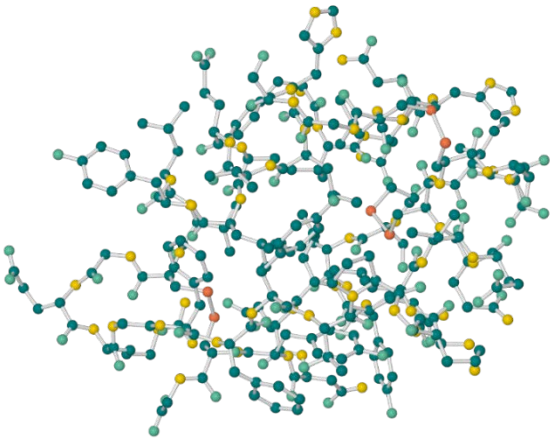
During a transition phase between May 27, 2019 and November 25, 2019, PharmaCare will cover both the originator drug and the biosimilar(s). After November 25, 2019, coverage for the originator drugs will only be available on an exceptional basis.

BRITISH COLUMBIA

The PharmaCare Newsletter is published by the Pharmaceutical Services Division to provide information to British Columbia's health care providers.

BIOSIMILARS: PHARMACIST ROLE

Pharmacists will play a key role in the success of the Biosimilars Initiative. Pharmacists will frequently interact with patients first, introducing the concept of biosimilar switching. Patients will expect pharmacists to serve as a source of information, and they will rely on pharmacists to inform their discussions with their prescribers on the switch to a biosimilar.



Note that Health Canada recommends that biosimilar switching be initiated by a prescriber, in consultation with the patient. This means that pharmacists may not adapt a prescription for a biologic drug to its biosimilar.

Pharmacists can, however, receive a Biosimilar Patient Support Fee, for identifying and notifying patients that they may be affected by the Biosimilars Initiative. The Biosimilar Patient Support Fee is a $15 per patient payment offered to pharmacies in recognition of the additional effort involved in identifying affected patients and providing information to them. This fee is submitted as a **PIN (66128196)** in PharmaNet, to be paid monthly, in accordance with the usual monthly payment schedule.

Only one Patient Support Fee can be claimed for a PHN, even if the patient uses more than one of the biologics subject to switching. Fees will be paid for claims submitted during the switch period, May 27–November 25, 2019, for eligible patients. Patients are eligible if they have an active Special Authority for the drug and are using the originator brand for at least one of the affected indications as of the start of the switch period. Eligibility for individual patients has been determined by PharmaCare.

In the next few weeks, pharmacies, prescribers, and Diabetes Education Centres will receive Biosimilars Initiative information packages, including brochures for patients, from PharmaCare. Information on the Biosimilars Initiative is also available on the PharmaCare website at www.gov.bc.ca/biosimilars/pharmacy.

Changes to Limited Coverage Drug Criteria for the Biosimilars Initiative

The Limited Coverage Criteria and/or indications for the following drugs have been updated as part of the Biosimilars Initiative:

EFFECTIVE DATE	May 27, 2019	
DRUG	DIN(S)	INDICATION/CRITERIA CHANGE
infliximab (Remicade®)	02244016	Crohn's disease, ulcerative colitis (note: GI patients will be switched to biosimilars in Phase 2 of the Biosimilars Initiative – summer 2019)
infliximab (Inflectra®)	02419475	rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, Crohn's disease, ulcerative colitis
infliximab (Renflexis™)	02470373	rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, Crohn's disease, ulcerative colitis
etanercept (Enbrel®)	02242903 02274728	moderate to severe psoriasis
etanercept (Brenzys®)	02455323 02455331	rheumatoid arthritis, ankylosing spondylitis

etanercept (Erelzi®)	02462850 02462869 02462877	rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis
insulin glargine (Lantus®)	2245689 2251930 2294338	diabetes (type 1 and 2) (Plan W with existing Lantus prescriptions only)
insulin glargine (Basaglar™)	2444844 2444852 2461528	diabetes (type 1 and 2)
certolizumab (Cimizia®)	2331675 2465574	SA renewals for rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis patients are now available for an indefinite period.
leflunomide	2241888 2241889 2256495 2256509 2261251 2261278 2283964 2283972 2351668 2351676	Rheumatologists now have a practitioner exemption and are no longer required to submit SA requests when prescribing this drug.
rituximab (Rituxan®)	02241927	SA renewals for rheumatoid arthritis patients are now available for an indefinite period.
tocilizumab (Actemra®)	2350092 2350106 2350114 2424770	SA renewals for rheumatoid arthritis patients are now available for an indefinite period.
tofacitinib (Xeljanz®)	02423898	SA renewals for rheumatoid arthritis patients are now available for an indefinite period.

LIMITED COVERAGE DRUGS

The following drugs have been added as Limited Coverage Drugs under Fair PharmaCare (Plan I) and Plans B, C, F, and W.

EFFECTIVE DATE	May 27, 2019		
DRUG NAME	empagliflozin (Jardiance®)		
INDICATION	blood glucose control for Type 2 diabetics		
DIN	02443937	STRENGTH AND FORM	10 mg
DIN	02443945	STRENGTH AND FORM	25 mg
PLAN G BENEFIT	No	PLAN P BENEFIT	No

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EFFECTIVE DATE	May 27, 2019		
DRUG NAME	empagliflozin-metformin (Synjardy®)		
INDICATION	blood glucose control for Type 2 diabetics		
DIN	02456575	STRENGTH AND FORM	5mg/500mg
DIN	02456583	STRENGTH AND FORM	5mg/850mg
DIN	02456591	STRENGTH AND FORM	5mg/1000mg
DIN	02456605	STRENGTH AND FORM	12.5mg/500mg
DIN	02456613	STRENGTH AND FORM	12.5mg/850mg
DIN	02456621	STRENGTH AND FORM	12.5mg/1000mg
PLAN G BENEFIT	No	PLAN P BENEFIT	No

EFFECTIVE DATE	May 27, 2019		
DRUG NAME	ixekizumab (Taltz®)		
INDICATION	psoriatic arthritis		
DIN	02455102	STRENGTH AND FORM	80mg/mL auto-injector
DIN	02455110	STRENGTH AND FORM	80mg/mL syringe
PLAN G BENEFIT	No	PLAN P BENEFIT	No
Note: ixekizumab is already a limited coverage benefit for plaque psoriasis			

EFFECTIVE DATE	May 22, 2019		
DRUG NAME	**methotrexate**		
INDICATION	rheumatoid arthritis		
DIN	2422166	STRENGTH AND FORM	7.5 mg/0.3 mL prefilled syringe
	2422174		10 mg/0.4 mL prefilled syringe
	2422182		15 mg/0.6 mL prefilled syringe
	2422190		20 mg/0.8 mL prefilled syringe
	2422204		25 mg/mL prefilled syringe
PLAN G BENEFIT	No	PLAN P BENEFIT	No
Note: oral methotrexate is a regular benefit under Plans B, C, F, I and W. Injectable methotrexate is a regular benefit under Plan B and a limited coverage benefit under Plans C, F, I and W.			