



BC PharmaCare Newsletter

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MONTHLY DEDUCTIBLE PAYMENT OPTION

Do you have patients who are worried about paying for their prescriptions until they meet their deductible?

The Monthly Deductible Payment Option (MDPO) can ease the financial burden early in the year. Families who enrol in the MDPO pay their Fair PharmaCare deductible in monthly instalments and receive assistance with their eligible prescription costs right away.

The option is designed to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance with a drug benefit plan,
- have a deductible greater than \$0, and
- expect their annual prescription costs to meet or exceed their Fair PharmaCare deductible.

Patients can enrol in the Monthly Deductible Payment Option for the current year only until the last business day of September.

PharmaCare will soon be accepting enrolments for the MDPO for 2015. Enrolling at, or before, the start of the calendar year offers eligible individuals and families the smallest monthly instalment payment.

In the fall, letters will be sent to those who enrolled for 2014 advising them that enrolment for 2015 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

For more information, patients can visit www.health.gov.bc.ca/pharmacare/plani/monthlypayindex.html or contact Health Insurance BC.

The use of PharmaNet is not intended as a substitute for professional judgement.
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 for any given patient.
Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

BENEFITS

Low Cost Alternative (LCA) Program Coverage Changes

Since April 1, 2014, PharmaCare has provisionally listed certain higher priced generic products of **clopidogrel**, **donepezil** and **olanzapine** because no products met the target prices set out in the [Drug Price Regulation](#) (20% of the brand name drug price for oral solids).

Products that meet the Drug Price Regulation target prices are now available from one supplier. As a result, these products will be made available. Based on our experience and feedback, PharmaCare worked with this supplier and they have agreed to have ample supply available in British Columbia shortly before the effective date of coverage and on an ongoing basis.

The new products will be covered under the LCA Program effective **September 4, 2014**, and the provisionally covered products will no longer be eligible for PharmaCare coverage effective **October 4, 2014**.

Please see the tables below for specific information on coverage of these products.

Updated LCA/RDP Excel files will reflect these changes as they come into effect.
For the most current LCA/RDP file, visit www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

Table 1—Coverage of Additional Generic Products—Effective September 4, 2014

DIN	DRUG NAME	PRODUCT NAME
2419963	CLOPIDOGREL BISULFATE TAB 75 MG	ACCEL-CLOPIDOGREL
2419874	DONEPEZIL HCL TAB 10 MG	ACCEL-DONEPEZIL
2419866	DONEPEZIL HCL TAB 5 MG	ACCEL-DONEPEZIL
2420538	OLANZAPINE TAB 2.5 MG	ACCEL-OLANZAPINE
2420546	OLANZAPINE TAB 5 MG	ACCEL-OLANZAPINE
2420554	OLANZAPINE TAB 7.5 MG	ACCEL-OLANZAPINE
2420562	OLANZAPINE TAB 10 MG	ACCEL-OLANZAPINE
2420570	OLANZAPINE TAB 15 MG	ACCEL-OLANZAPINE

Table 2—Discontinuation of Coverage of Generic Products—Effective October 4, 2014

DIN	PRODUCT NAME
CLOPIDOGREL TAB 75 MG	
2252767	APO-CLOPIDOGREL
2293161	TEVA-CLOPIDOGREL
2303027	CO CLOPIDOGREL
2348004	PMS-CLOPIDOGREL
2351536	MYLAN-CLOPIDOGREL
2359316	SANDOZ CLOPIDOGREL
2379813	RAN-CLOPIDOGREL
2385813	CLOPIDOGREL
2400553	CLOPIDOGREL
2416387	AURO-CLOPIDOGREL

DIN	PRODUCT NAME
DONEPEZIL HYDROCHLORIDE TAB 5 MG	
2322331	PMS-DONEPEZIL
2328666	SANDOZ DONEPEZIL
2340607	TEVA-DONEPEZIL
2359472	MYLAN-DONEPEZIL
2362260	APO-DONEPEZIL
2381508	RAN-DONEPEZIL
2397595	CO DONEPEZIL
2400561	AURO-DONEPEZIL
2402092	MAR-DONEPEZIL
2402645	DONEPEZIL
2404419	JAMP-DONEPEZIL
2420597	DONEPEZIL HCL
DONEPEZIL HYDROCHLORIDE TAB 10 MG	
2322358	PMS-DONEPEZIL
2328682	SANDOZ DONEPEZIL
2340615	TEVA-DONEPEZIL
2359480	MYLAN-DONEPEZIL
2362279	APO-DONEPEZIL
2381516	RAN-DONEPEZIL
2397609	CO DONEPEZIL
2400588	AURO-DONEPEZIL
2402106	MAR-DONEPEZIL
2402653	DONEPEZIL
2404427	JAMP-DONEPEZIL
2420600	DONEPEZIL HCL
OLANZAPINE TAB 2.5 MG	
2276712	TEVA-OLANZAPINE
2281791	APO-OLANZAPINE
2303116	PMS-OLANZAPINE
2307405	PHL-OLANZAPINE
2310341	SANDOZ OLANZAPINE
2325659	CO OLANZAPINE
2337878	MYLAN-OLANZAPINE
2348101	OLANZAPINE
2372819	OLANZAPINE
2385864	OLANZAPINE

DIN	PRODUCT NAME
OLANZAPINE TAB 5 MG	
2276720	TEVA-OLANZAPINE
2281805	APO-OLANZAPINE
2303159	PMS-OLANZAPINE
2307413	PHL-OLANZAPINE
2310368	SANDOZ OLANZAPINE
2325667	CO OLANZAPINE
2337886	MYLAN-OLANZAPINE
2348128	OLANZAPINE
2372827	OLANZAPINE
2403072	RAN-OLANZAPINE
OLANZAPINE TAB 7.5 MG	
2276739	TEVA-OLANZAPINE
2281813	APO-OLANZAPINE
2303167	PMS-OLANZAPINE
2307421	PHL-OLANZAPINE
2310376	SANDOZ OLANZAPINE
2325675	CO OLANZAPINE
2337894	MYLAN-OLANZAPINE
2348136	OLANZAPINE
2372835	OLANZAPINE
2385880	OLANZAPINE
2403080	RAN-OLANZAPINE
OLANZAPINE TAB 10 MG	
2276747	TEVA-OLANZAPINE
2281821	APO-OLANZAPINE
2303175	PMS-OLANZAPINE
2307448	PHL-OLANZAPINE
2310384	SANDOZ OLANZAPINE
2325683	CO OLANZAPINE
2337908	MYLAN-OLANZAPINE
2348144	OLANZAPINE
2372843	OLANZAPINE
2403064	RAN-OLANZAPINE
2403099	RAN-OLANZAPINE

DIN	PRODUCT NAME
OLANZAPINE TAB 15 MG	
2276755	TEVA-OLANZAPINE
2281848	APO-OLANZAPINE
2303183	PMS-OLANZAPINE
2307456	PHL-OLANZAPINE
2310392	SANDOZ OLANZAPINE
2325691	CO OLANZAPINE
2337916	MYLAN-OLANZAPINE
2348152	OLANZAPINE
2372851	OLANZAPINE
2403102	RAN-OLANZAPINE

Limited Coverage Drug Program

Insulin Pumps

Effective **August 15, 2014**, the following new product became a PharmaCare benefit for eligible people 25 years of age or younger who have Type 1 diabetes or another form of diabetes requiring insulin and who are covered under Fair PharmaCare, Plan C or Plan F.

PIN	PRODUCT NAME
45230013	Animus VIBE