

PharmaCare Drug Coverage Changes

What you need to know to get the coverage that is right for you...

Are you taking any of the drugs below? PharmaCare coverage of these drugs is changing for most patients, because evidence shows there are equally safe and effective drugs that cost less.

As of **December 1, 2016**, these drugs will be eligible for only partial PharmaCare coverage. The less costly versions will be fully covered.

If you rely on PharmaCare coverage, speak to your doctor, nurse practitioner or pharmacist before December 1, 2016. They can tell you if your coverage will change and if you should consider switching to a drug that is eligible for full coverage.¹ Your doctor, nurse practitioner or pharmacist can make changes to your prescription if needed.

Important: If there is a medical reason why you cannot switch drugs, you may be able to continue to have your drug fully covered. Speak to your doctor or nurse practitioner.

Drugs for which coverage is changing		Used to treat
<ul style="list-style-type: none"> • captopril • cilazapril with/without hydrochlorothiazide • eprosartan with/without hydrochlorothiazide • felodipine • irbesartan with/without hydrochlorothiazide 	<ul style="list-style-type: none"> • olmesartan with/without hydrochlorothiazide • quinapril with/without hydrochlorothiazide • trandolapril 	<i>High blood pressure and heart disease</i>
<ul style="list-style-type: none"> • fluvastatin • lovastatin 	<ul style="list-style-type: none"> • pravastatin • simvastatin 	<i>High cholesterol (commonly known as statins)</i>
<ul style="list-style-type: none"> • cimetidine • esomeprazole 20 or 40 mg • lansoprazole 15 or 30 mg 	<ul style="list-style-type: none"> • omeprazole 20 mg • pantoprazole sodium 40 mg 	<i>Significant stomach acid issues (such as acid reflux or ulcers)</i>

¹ Actual reimbursement is based on the rules of your PharmaCare plan, including any annual deductible requirements.

Why is coverage of these drugs changing?

- The drugs are part of the PharmaCare Reference Drug Program (RDP). The RDP is being modernized because current evidence shows there are equally safe and effective drugs that cost less.

What is the RDP? How does it work?

- The RDP groups together drugs that treat the same illness or medical condition, then fully covers one or more of the less costly drugs.
- Most patients can switch to a fully covered drug safely, with no ill effect on their health.
- If you cannot take a drug eligible for full coverage for medical reasons, your doctor or nurse practitioner can request full PharmaCare coverage of your current drug.

What action do I need to take?

- Are you taking one of the drugs listed on page 1 and are you concerned about prescription costs? Talk to your doctor, nurse practitioner or pharmacist during your next regular visit—or before changes to the RDP come into effect on December 1, 2016.
- Your health care provider can tell you if your coverage will be affected.
 - You may already be approved for continued full coverage of these drugs. For example, if you are taking more than one of these drugs—or take specific drugs for heart failure—you will not need to consider switching your drug to keep full coverage.
 - If you have not been pre-approved for continued full coverage, but cannot take a fully covered drug for medical reasons, your doctor or nurse practitioner can request full coverage of the drug you are taking now.

If your coverage is going to be affected...

- Your doctor, nurse practitioner or pharmacist can help you choose to:
 - switch to a drug that is eligible for full PharmaCare coverage, or
 - stay on your current drug, which is eligible for partial coverage, and pay the difference in cost.²
- If you choose to switch your drug, your doctor, nurse practitioner or pharmacist will work with you to choose the best medication for you.

For more information please visit www.gov.bc.ca/pharmacare/referencedrugprogram

² Private insurers may pay some or all of the difference in cost.