



96:001 - March 1, 1996

## Fan-Out

The College of Pharmacists of B.C. and Pharmacare have implemented the new electronic "Fan-Out" functionality on PharmaNet.

This new fan-out replaces the old, manual fan-out method which used faxes and telephones and will be used only in limited situations (as approved by your PharmaNet Users Group).

Your pharmacy software vendor expended exceptional effort to make the necessary software changes prior to the deadline of February 16, 1996, and we are pleased to announce that all vendors successfully met the deadline.

When the first electronic fan-out message was sent to Vancouver Island, PharmaNet coincidentally experienced an outage which lasted about 10 minutes. As this was the first outage in several weeks, the PharmaNet systems integrator, IBM Canada Ltd., requested that fan-out not be used until system diagnostics could be evaluated to determine the cause of the outage. At that time, fan-out was under consideration as a possible factor in the outage. The use of the manual fan-out procedures resumed during this period.

IBM has since determined that there is no relationship between fan-out and the recent system outages, so use of the new fan-out has resumed.

It is important to note that the new fan-out is proving to be a very effective method of communicating urgent messages to a specific group of pharmacies. For example, a fan-out message sent this morning to 214 pharmacies was received by 70 pharmacies within 5 minutes, and 190 pharmacies within 30 minutes.

We apologize for the recent situation where the manual fan-out was required.



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96:002 - March 8, 1996

### Diploma Number "00000"

Some stores are still submitting an invalid Pharmacist Diploma number "00000". This was *temporarily accepted* by Pharmacare as an accommodation during PharmaNet roll-out. The College of Pharmacists of B.C. has asked Pharmacare to remove this Diploma number from PharmaNet as soon as possible.

Beginning the start of business on Sunday, March 31, 1996, any transactions submitted to PharmaNet with this Pharmacist Diploma number will be rejected with a "PRACTITIONER NOT FOUND" error.

### Reversals Time Period "91 Days"

Pharmacies are reminded the reversal period for prescriptions is 91 days from the original PharmaNet adjudication date. Requests for reversals beyond the 91 day period cannot be processed via the network nor by the PharmaNet HelpDesk staff.



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96:003 - March 22, 1996

## All Listening Devices Busy

PharmaNet has the ability to handle a large number of simultaneous requests from pharmacies around British Columbia. Sometimes, when system problems occur, and the maximum number of simultaneous requests is exceeded, PharmaNet cannot answer the request at that time. The result is a message sent to the originator of the request which states:

"All Listening Devices Busy"

This message is similar to a telephone busy signal. The pharmacist should respond by simply re-submitting the request. If the message is encountered again when the request is re-submitted, then the PharmaNet HelpDesk should be called, to help identify a possible network problem.

Each PSV software product is designed to either display the "All Listening Devices Busy" message to the pharmacist, or translate the message into another message such as:

"API Error"

The pharmacist should respond to the "API Error" message as they would the "All Listening Devices Busy" message, by re-submitting, and calling the PharmaNet HelpDesk if the resubmit results in the same message.



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96:004 - March 22, 1996

## Triplicate Prescription Forms

We are pleased to announce that the data entry copies of Triplicate Prescription forms no longer need to be sent by pharmacies to Pharmacare, for those prescriptions which pharmacists have already entered on the PharmaNet system.

Prescriptions for office-use medications sold to prescribers, long term care facilities, and other organizations which are NOT entered onto PharmaNet, will still need to be sent to Pharmacare.

Pharmacy managers are asked to ensure that the unneeded data entry copies are disposed of in a secure fashion, in accordance with College guidelines for the disposal of confidential patient documents. The Pharmacy copy of the triplicate forms must still be retained by the pharmacy, per current procedures.

This policy change has been enabled by the implementation of PharmaNet, in that appropriate details of all triplicate prescriptions are already being captured at point of service on the PharmaNet system.

In future, the Triplicate form will be printed with two copies only (one for the doctor, and one for the pharmacy), to eliminate redundant paper handling and save costs.



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96:005 - May 10, 1996

## No Paper Claims / Receipts

Please recall that your agreement with Pharmacare states that no claim for payment may be submitted to Pharmacare unless the benefit being claimed has been prescribed by a physician.

There are a very few exceptions to this rule and they include:

- Blood Glucose Strips
- Diabetic Supplies
- Ostomy Supplies

Pharmacare will not accept submission of receipts from patients for these exceptions from PharmaNet connected pharmacies. All sales of the exempted products must be submitted through PharmaNet in order for the patient to receive Pharmacare benefits. When submitting the claim, please use your pharmacist ID as the "prescriber ID".



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96:006 - May 10, 1996

## OTC's & NPA's

At the pharmacist's discretion, certain "over the counter" or "no public access" medications may be added to a patient's profile.

When doing so, please be certain the PharmaNet claim contains:

- a zero dollar amount for both drug cost and dispensing fee
- your pharmacist ID as the "prescriber ID"

If you have any questions on this topic, please call the PharmaNet HelpDesk.



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96:007 - May 24, 1996

## Mandatory Days Supply

Effective June 2, 1996, new Reference Based Pricing calculations require the "days supply" to be sent to the network with each prescription submitted. If the "days supply" is entered as zero or left blank, the following error message will be sent back:

143 Request cannot be processed: Call HelpDesk: Incident #xxxxxxxxx

Your PSV software *maybe* set up to calculate the "days supply" for you from the SIG code and quantity, and allow you to review it before submitting the transaction to PharmaNet; or you must enter the "days supply" directly.

In some cases (such as creams and ointments), days supply may be difficult to accurately determine. In these cases, pharmacists should apply their best professional judgement.

If you have any questions regarding this change to PharmaNet, please contact your pharmacy software vendor (PSV), and refer them to Software Compliance Standards Update Bulletin 21 - New Reference Based Pricing Requirement, issued to all PSV's December 22, 1995.



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96:008 - August 28, 1996

## Methadone for Incarcerated Patients

### Background

Certain pharmacies (currently 8) are now allowed to supply methadone to patients in provincial corrections facilities with Pharmacare covering the prescription costs. Therefore, some minor changes in processing incarcerated prisoners' methadone prescriptions are required.

The number of prisoners receiving methadone is currently low (10 throughout the province).

### Current Procedure - Methadone for Non-incarcerated Patients

1. Pharmacy obtains PHN
2. Pharmacy submits prescription to PharmaNet with the patient's PHN
3. Claim is adjudicated as follows:
  - If Plan A or C, drug cost paid by Pharmacare but no dispensing fee paid on line.
  - If Plan E, drug cost and dispensing fee paid by Pharmacare or patient depending on current value of patient's deductible.
4. At month-end, the pharmacy submits a "per diem" invoice in lieu of the Plan C daily methadone dispensing fees at the rate of \$105 per month per patient (pro-rated for billings less than one month). No Plan E dispensing fees may be included on this invoice as these are paid on line.



### New Procedure - Methadone for Incarcerated Patients

The following procedure applies to incarcerated methadone patients only. Continue to bill Corrections (Attorney General) exactly as you do today for all prisoners' prescriptions except methadone.

1. Ignore the prisoner's C/S number (Correctional Services Number).
2. Obtain the PHN as follows:
  - Look up PHN on local pharmacy system if prisoner has been customer in the past, or look up the PHN using the PharmaNet name search.
  - If no PHN found, ask the Corrections guard or Corrections nurse for the prisoner's PHN or the name of the prisoner's regular pharmacy or community physician. A new pharmacy should be able to obtain the PHN from the patient's previous pharmacy or community physician.
  - If still no PHN found, call the HelpDesk to assist in the search for the correct PHN.
  - If still no PHN found, request a new PHN from PharmaNet
3. Next, ensure correct billing as follows:
  - If the patient was covered by Plan C prior to incarceration, billing will occur exactly as is done today for non-prisoners.
  - If the patient was covered by Plan E prior to incarceration call the HelpDesk and request "Plan C coverage for a methadone prisoner". Have the prisoner's PHN ready when calling. Pharmacare will authorize a one-day external authority for Plan C which will allow the methadone prescription to be processed by PharmaNet. The PharmaNet HelpDesk will also set up a "patient restriction" which will limit Pharmacare's coverage for the prisoner to the one pharmacy for the one day.
  - At month end, prepare the invoice to Pharmacare for dispensing fees as done today for non-incarcerated patients.





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96:009 - September 28, 1996

## Reference Based Pricing (RBP) Enhancements

Effective October 6, 1996, several changes relating to RBP will be made to PharmaNet. You will notice the following two differences:

1. A new response code, E9, will indicate when the Pharmacare portion of a claim is reduced because the drug is subject to Reference Based Pricing.
2. You will receive multiple response codes if the Pharmacare portion is reduced more than once. This will happen with drugs that are both Low Cost Alternatives (LCA) and subject to RBP pricing. An example is Pepcid, where you will see:

"D8 reduced to LCA price" and,  
"E9 reduced to RBP Price"

### Note About Days Supply

These RBP enhancements give PharmaNet the ability to calculate the Pharmacare portion using a daily cost and days supply. As always, it is extremely important that you enter the correct days supply at the time of dispensing to ensure appropriate results.



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96:010 - October 11, 1996

## Pharmacy Software Vendor Change Requests

If you are planning to change your Pharmacy Software Vendor, you must provide Pharmacare with at least 48 hours written notice, during regular business hours, Monday - Friday.

New Software Vendor information must be entered on PharmaNet in order for transactions coming from your store to be valid.

Requests should be sent to:

Pharmacare  
Quality Assurance  
Box 3003  
Victoria, B.C. V8W 3L4



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96:011 - November 22, 1996

## Change to Drug Identity Numbers (DINs)

Pharmacists have been reporting a number of Drug Identity Numbers (DINs) which are being rejected by their software as invalid (i.e., not passing a check digit routine).

The Health Protection Branch of Health & Welfare Canada (HPB), the body issuing new DIN's, recently changed their numbering scheme used for pharmaceutical product information. Previously, DIN's were issued under a numbering system that allowed a check of the digits entered, by performing a mathematical calculation on the DIN. The solution to the calculation (called a Mod 11 check digit sequence) was the last digit in the DIN.

This logic was built into pharmacy systems to ensure the accuracy of DIN's being entered.

The HPB has discontinued use of the Mod 11 check digit sequence, and new DIN's have been issued which are failing the check when entered on local pharmacy systems and PharmaNet.

The PharmaNet team and your pharmacy software vendor did not receive advance notice of this change by HPB, and therefore did not have the opportunity to remove the Mod 11 check digit sequence from affected software. Currently, prescriptions for these new DIN's cannot be processed.

A meeting is planned with Pharmacare and the HPB to communicate the problems which are occurring because of the HPB's failure to notify Pharmacare and pharmacy software vendors.



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96:012 - November 22, 1996

## Change to The Display of The Patient Medication Profile

As approved by the PharmaNet User's Group (PUG) of the College of Pharmacists, we will be implementing a change to PharmaNet within the next few weeks which will result in fewer medication history entries returned by PharmaNet.

As a result of this change, PharmaNet will NOT return those prescriptions which have been reversed with an intervention code of 'RE' ('Data Entry Error'). These reversed prescriptions will, however, remain on PharmaNet for access by authorized organizations.

This change will help reduce the size of patient profiles returned to pharmacies.

Pharmacists are reminded to ensure that accurate intervention codes are used when reversing prescriptions. Defaulting to 'RE' for reversal intervention codes will result in a potential loss of valuable information to other pharmacists.



Last Revised: 20 July 2005





96:031 - February 8, 1996

## Improved Profile Retrievals

Pharmacare and the College of Pharmacists of B.C. are pleased to announce the availability of two PharmaNet options, designed to speed up the retrieval of patient profiles during a normal prescription fill. These options are not mandatory, but we believe they will improve the response time from PharmaNet, in the case of prescription fills for patients who have many prescription on their profile.

Up until now, PharmaNet has automatically sent back all prescriptions on a patient's profile, each time your in-store system requests a profile during a dispensing activity. Some patients have already accumulated personal profiles in excess of 1,000 prescriptions, and it has become clear that larger profiles take longer to be transmitted to the pharmacy. As well, in many cases the pharmacist either has already seen this information (on the in-store system's local profile), or the pharmacist may only review the most recently dispensed prescription from the profile before dispensing.

To address this, two new options are now available, in addition to the full profile retrieval, for your in-pharmacy system supplier to install in your system:

1. Retrieve - Most Recent Only: This option allows PharmaNet to retrieve and transmit to the pharmacist only the most recent 15 prescriptions. If the pharmacist at that point wishes to get the full profile, that can still be requested and sent in its entirety.
2. Retrieve - Filled Elsewhere: This option allows PharmaNet to retrieve and transmit to the pharmacist only prescriptions filled at other pharmacies. This would be used in conjunction with the local in-pharmacy profile for professional profile review. Again, a full PharmaNet profile will always be available.

Systems which implement either of these new profile retrieval options will likely see faster PharmaNet response time, in dealing with patients with rapidly growing profiles.

If you want to know if, or when, either of these options will be available to you, please contact your pharmacy software vendor.



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97:001 - January 15, 1997

## Possible Outage

The scheduled change window on Sunday, January 26, 1997, may be extended by one hour. This is to allow for additional maintenance to SPAN/BC to minimize future connection problems. As a result, your PharmaNet connection may not be available until 9:00 a.m. that day.



Last Revised: 20 July 2005





97:002 - February 7, 1997

## Mental Health Prescription Drug Program - Plan G

*Pharmacare will be assuming the operational responsibilities of an existing No-Charge Psychiatric Medication Program administered by the Mental Health Division, Ministry of Health and Ministry Responsible for Seniors. This transfer will begin Monday, February 24th and be completed by Monday, March 31, 1997. The Mental Health Centers will continue to have administrative responsibility for determining patient eligibility for the no-charge psychiatric medication program, known as Pharmacare Plan "G". This plan will be similar to Plan D in that only a limited formulary are benefits.*

Pharmacare and the Mental Health Division expect the impact of these changes to be in the following areas:

### Dispensing At Community Pharmacies:

Patients previously receiving eligible medications from Mental Health Centers will be instructed to instead present their prescription at a community pharmacy. The cost of these psychiatric medications covered under Plan G will be reimbursed consistent with current Pharmacare payment rules. Patients will be encouraged to continue at the current community pharmacy where they receive psychiatric medications, or where appropriate, to consolidate their prescription purchases in one community pharmacy.

### Existing Mental Health Center Clients:

Persons already receiving medications paid for by the Mental Health Centers will be transferred to the Pharmacare plan. This transfer will be phased in, in order to consume existing stocks, starting on February 24th and completing March 31st. Patients' need and eligibility for Plan G will be periodically reviewed and updated by the Mental health Division.

### New Clients:

Responsibility for assessing need and establishing eligibility of new clients for coverage under the Mental Health Prescription Drug Program will remain with the Mental Health Centers. Pharmacare will not have authority to establish a patient on the Mental Health Prescription Drug (Plan G) Program.

### Queries On Patient Eligibility:

Questions regarding a patient's eligibility for the Mental Health Prescription Drug Program (Plan G) are to be directed to the nearest Mental Health Center, or the Mental Health Division, Victoria, at (250) 952-1608. Pharmacare does not determine eligibility for the Mental Health prescription Drug Program, and has no authority to provide access to the plan.

### Exceptions and Exemptions:

Patients covered under Plan G may be eligible, via the Special Authority process, for exemption from LCA guidelines for drugs included in the Plan G formulary.

For those pharmacies that were provided with a psychotropic inventory under special arrangements with their local Mental Health Center, claims must be submitted to PharmaNet with \$0.00 ingredient cost. Dispensing fees are subject to standard Pharmacare rules.

### Patient Identification:

Clients of Mental Health Centers will be instructed to provide their Personal Health Number, as well as a second piece of identification which meets the College of Pharmacists positive identification guidelines, to their community pharmacy when presenting their prescription. Pharmacy staff should recognize that these patients may not be familiar with dispensing procedures in community pharmacies, and may be unusually sensitive to a change in dispensing arrangements. In some



cases, the pharmacy staff may have to verify a patient's identity, including their Personal health Number, with the local Mental Health Center staff.

#### Eligible Drugs:

The list of chemical names included in the Plan "G" formulary is provided below. Pharmacies are cautioned that Pharmacare may adjust this formulary, with limited notice. The full list of Plan "G" DINs will be posted on the Pharmacare bulletin board in the near future

#### Plan G Formulary By Chemical Name

Alprazolam	Flupenthixol (oral & injection)	Pericyazine
Amitriptyline	Flupenazine (oral & injection)	Perphenazine
Amoxapine	Fluspirilene (injection)	Phenelzine
Benztropine	Fluvoxamine	Pimozide
Biperiden	Haloperidol (oral & injection)	Pipotiazine
Buspirone	Imipramine	Procyclidine
Carbamazepine	Lithium	Protriptyline
Chlordiazepoxide	Lorazepam	Risperidone
Chlorpromazine	Loxapine (oral & injection)	Sertraline
Clomipramine	Maprotiline	Thioridazine
Clonazepam	Methotrimeprazine	Thiothixene
Clozapine	Methylphenidate	Tranlycypromine
Desipramine	Moclobemide	Trazodone
Diazepam	Nefazodone	Trifluoperazine
Divalproex	Nortriptyline	Trihexyphenidyl
Doxepin	Oxazepam	Trimipramine
Droperidol (injection)	Paroxetine	Valproic Acid
Fluoxetine	Pemoline	Venlafaxine

*NOTE: Includes all strengths of oral dosage forms only unless otherwise specified.*



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97:003 - February 28, 1997

## Office Use Medications - New Procedure

Effective immediately, all medications dispensed for medical clinics, physicians, dentists and veterinarians for office use, must be transmitted to PharmaNet. This includes all prescriptions and non-prescription medications for office use, but does not include medical supplies or non-pharmaceuticals. Prescriptions for personal use by practitioners should continue to be dispensed using the PHN of the practitioner.

Please note that sales of drugs to pharmacies and hospitals will not be captured on PharmaNet. The record of these sales should be captured only on your local pharmacy software.

Capturing the use of office use medications will enable the appropriate regulatory bodies to more effectively monitor their members. Prior to the implementation of this new procedure only information related to office use of triplicate drugs was reported to the regulatory bodies.

Each pharmacy will dispense office use medications using a unique PHN, specially designated for that pharmacy. Each pharmacy's unique "O-med PHN" is associated with a keyword. The "O-med PHN" should be kept in a convenient location in the dispensary to ensure all the pharmacists in your pharmacy are aware of your O-med PHN and its keyword. Your O-med PHN will pass the standard check digit edit that may be in your pharmacy software.

A keyword has been attached to your O-med PHN. The purpose of the keyword is to keep you O-med patient records confidential, for your pharmacy's use only.

We expect you will find the O-med procedure simple to use, however should you have a question, please call the PharmaNet HelpDesk at:

Victoria - 952-2867

Lower Mainland - 682-7120

For the rest of B.C. - 1-800-554-0225



## Procedures

Set up a Patient Record for Your O-Med PHN on your local system:

If your pharmacy software allows for multiple patient records with the same PHN:

- i. set up individual patient records with your O-med PHN and keyword for each practitioner who receives office use medications from your pharmacy
- ii. for those records you have previously established, add the O-med PHN and keyword to the record

If your pharmacy software does not permit multiple patient records with the same PHN:

- i. set up one patient record on your local system for office use medications with your O-med PHN and keyword. The patient name on this record should be "Office Use Medications"
- ii. if your software requires data such as gender and birthdate, you can use "M" and "19770101". You will not get errors back from PharmaNet.

You must use a keyword for all office use prescriptions dispensed and transmitted to PharmaNet. You may use the keyword we have provided, or if you wish to change the keyword, you may do this using the appropriate functionality on your local software. Please ensure the new keyword is transmitted to PharmaNet.



#### Dispense Office Use Medications:

- i. use your O-med PHN and its keyword
- ii. use the current dispensing date
- iii. use the correct quantity and practitioner number
- iv. if you dispense the same DIN on the same day, an intervention code of UA will prevent the DUPLICATE message

#### Results:

- i. PharmaNet will return "E1 HOST PROCESSING ERROR" because the claims for office use medications will not be adjudicated by Pharmacare nor will they be accumulated into any deductibles
- ii. PharmaNet will return DUE messages. For office use medications, it is not necessary to review these messages

#### Miscellaneous:

- i. Reversals of O-med claims can be done in the normal fashion using your O-med PHN, keyword, and an intervention code of RE
- ii. To review the PharmaNet profile for your office use medications, it is recommended you use the TRR (last 15 prescriptions). If your pharmacy dispenses a large number of office use medications, the return of a full profile (TRP) may take longer than 5 seconds.

*Please Note: Since the PharmaNet HelpDesk can not view the medication profile they will not be able to answer questions about it.*



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97:004 - March 14, 1997

## Telephone Area Codes

All telephone area codes on PharmaNet have been changed to either 604 or 250 depending on the first three digits of the phone number. This includes phone numbers for patients, practitioners, (i.e., doctors, dentists, veterinarians), pharmacies and long term care facilities.

From now on, pharmacists using PharmaNet need to transmit correct area codes when adding or changing address information for a patient (TPA transactions). Our HelpDesk has a list with the first three digits of all B.C. phone numbers and the corresponding area codes. If you need help determining the correct area code, you can call the HelpDesk at our phone numbers below.

Starting in July 1997, B.C. Tel will begin assigning identical phone numbers with either a 604 or 250 area code. This means PharmaNet can not be programmed to edit for the correct area code; and we rely on you to send the correct code. It also means our HelpDesk can help you determine the area code only until July.

### HelpDesk

Victoria	952-2867
Lower Mainland	682-7120
Rest of B.C.	1-800-554-0225



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97:005 - May 1, 1997

## PHN Search, Name and Address Modifications

Effective May 4, 1997, changes were made to the *Patient Name Search* (TPN), the *Update Patient Address* (TPA), and the *Request a New PHN* (TPH) functions. You should not notice any change, except in the following situations:

Situation...	Reason...	Action...
You have entered a patient's date of birth and receive one of the following messages: '19 Patient DOB is not valid or is non-recognizable format'; OR '110 Date Patient DOB is future dated'.	PharmaNet now performs a more thorough edit on the date field, i.e., checks for future dates and invalid dates, such as entering a day of 31 for a month with only 30 days.	Correct the Date and resubmit.
You have entered a postal code and receive one of the following messages: '166 Invalid postal code format', OR '190 postal code does not match province code', OR '191 country code is invalid with this province code or postal code'.	PharmaNet now performs a more thorough check on the postal code field.	Correct the Postal Code, Province or Country Code and resubmit.
You have submitted a transaction and receive the following message: '1048 Invalid Practitioner ID/Practitioner Ref'.	PharmaNet now performs a check to ensure the Practitioner ID and Practitioner ID Reference (Pharmacist) match each other.	Correct the Practitioner (Pharmacist) ID or Practitioner (Pharmacist) ID Reference and resubmit. You may need to contact your Pharmacy Software Vendor (PSV) for assistance.
You have entered an update to a patient address, and receive the following message: '42 PHN has been collapsed. Please enter correct PHN'.	The PHN you transmitted has been consolidated with another PHN on the Ministry's records. This will occur if a person is mistakenly assigned a second PHN and the Ministry has 'merged' the two numbers.	<ul style="list-style-type: none"><li>• Perform a <i>Patient Lookup (TID)</i> transaction using the PHN. The consolidated PHN will be returned.</li><li>• Update your local system with the correct PHN.</li><li>• Resubmit the address transaction. DO NOT issue another PHN - this only makes the situation worse.</li></ul>
You are searching for a PHN using the five-year range option and enter only the year for the patient's date of birth, and receive the following message: '19 Patient DOB is not valid or is non-recognizable format'.	This situation will not happen at all pharmacies. Some pharmacy software automatically inserts zeros in the day and month, causing this error.	<ul style="list-style-type: none"><li>• Call your PSV. You will be advised when or how this situation can be fixed.</li><li>• Resubmit the transaction using a full date or call the PharmaNet HelpDesk to have the search performed for you.</li></ul>



Last Revised: 20 July 2005





97:006 - July 31, 1997

## New Adjudication Features and Intervention Codes

Effective August 10, 1997, a new release of PharmaNet will be installed. The features which have changed are described below. If you have any questions regarding these new features, please call the PharmaNet HelpDesk.

### Additional Information About How A Claim Adjudicates

Additional information about how a claim adjudicates is now available. For details on accessing this information, please contact your software vendor. The following is a description of the additional information:

#### PLAN

Shows the plan under which this particular claim adjudicated. If it is 'blank', it means that no plan was selected for this patient, e.g., non resident. The following table can be used to identify the plan:

Plan Codes	Plan	Description
A, AA, SA	A	Seniors
AB, B, SB	B	Long Term Care
AC, C, SC, XC	C	Human Resources
D.	D	Cystic Fibrosis
A1, AE, E, E1, S1, SEI X1, XE	E	Universal
AF, F, SF	F	At Home Program
G	G	Mental Health



#### S/A

Shows a 'Y' if one or more Special Authorities (/A) were used in the adjudication of the claim. If it is 'N', no S/A was used.

#### EXP

Shows the expiry date of the S/A(s) used. If this date is 'blank' and S/A = 'Y', it means the S/A is ongoing with no expiry date.

#### DRUG

Shows the amount of the claimed drug cost accepted by Pharmacare.

#### ACCEXP

Shows the value of the patient's accumulated expenditures (as in Plan A) or the family's accumulated expenditures (as in Plan E) at the point **prior** to adjudicating the current claim.

#### RBP

Shows 'Y' if the Reference Price was used for this claim, otherwise it shows 'N'.

#### LCA

Shows 'Y' if the Low Cost Alternative price was used for this claim, otherwise it shows 'N'.

#### BEN

Shows 'Y' if the DIN is a benefit. Shows 'N' if the DIN is not a benefit. Shows 'blank' if benefit status is not applicable, e.g., patient is a non resident.

## RESTRICTION

shows one of the following (if more than one restriction applies, the one which is listed first in the chart below would be shown):

PLAN	if the pharmacy submitting the prescription is restricted from billing for the plan selected for the patient
PHARMACY	if the pharmacy submitting the prescription is restricted from dispensing the claimed DIN or if the claimed DIN is restricted to a different pharmacy
PRESCRIBER	if the prescriber on the prescription is restricted from prescribing the claimed DIN or if the claimed DIN is restricted to a different prescriber
PATIENT	if the patient has a restriction to a pharmacy or a prescriber
NONE	if no restrictions affected the adjudication of the prescription

## FEE

Shows the portion of the professional fee of the prescription accepted by Pharmacare.



## Revised Messages/Codes

The following intervention codes and response codes may be interpreted by your pharmacy software. Contact your software vendor for further details.

Intervention Code & Description	Response Codes Received & Description
<b>DE</b> <i>'Adjudicate to zero as requested'</i> This new intervention code gives pharmacists the ability to request that a prescription adjudicate to zero so the patient pays. An example is when a senior does not want Pharmacare to pay any portion of their prescription.	<b>LA</b> <i>'Adjudicated to zero as requested'</i> Returned where there is no duplicate prescription found.  <b>A3</b> <i>'identical claim has been processed'</i> Returned when a duplicate prescription is found.  <b>NOTE:</b> Both cases will result in a response status 'B' - <i>'accepted with Rx price adjustment'</i> .
<b>MV</b> <i>'Vacation supply'</i> Currently an MV intervention code allows a duplicate prescription for a vacation supply to be processed and to adjudicate to zero. The new process allows all prescriptions with a MV intervention code (not necessarily a duplicate) to be processed and adjudicate to zero.	<b>LA</b> <i>'Adjudicated to zero as requested'</i> Returned where there is no duplicate prescription found.  <b>A3</b> <i>'identical claim has been processed'</i> Returned when a duplicate prescription is found.  <b>NOTE:</b> Both cases will result in a response status 'B' - <i>'accepted with Rx price adjustment'</i> .

## New Response Codes

### EH

'claim cost reduced to days supply limit', as described under 'New Edit on Days Supply Field' above.

### 72

'special services fee error' will be returned for special service claims that have a response status of 'B' - 'accepted with Rx price adjustment' and that adjudicate to zero.

You will no longer receive multiple response codes when Pharmacare's portion of the prescription is reduced more than once. Currently, if a claim is reduced to the LCA price and then further

reduced to the RBP price, you receive two response codes:

1. 'D8' - 'reduced to LCA'
2. 'D9' - 'reduced to RBP'

Now you will receive only the response that indicates the final or lowest reduction. Refer to PharmaNet Bulletin 96.009.



#### Generic Drug Name

Drug Utilization Evaluation (DUE has been changed to return the generic drug name in the response to the pharmacy whenever a Drug Use Evaluation (DUE) reports an encounter. The intent is to make it easier for pharmacists to interpret the DUE message.

#### Refusal to Fill

The claim reversal has been changed to allow a 'refusal to fill' to be reversed.

#### New Edit on the Days Supply Field

Currently, when PharmaNet processes a prescription that exceeds the days supply limit, the whole claim is adjudicated to zero with a response code of '59' - 'days supply error'.

With the new edit the same claim will not adjudicate to zero. Instead, Pharmacare will accept a prorated amount of the prescription based on the allowable days supply. The allowable days supply is based on either a Special Authority, the maximum allowed for the plan or the maximum allowed for the DIN. For these cases, a new response code 'EH' - 'claim cost reduced to days supply limit' will be issued. The 14 day supply limit on Trial Prescriptions remains in effect, and if the supply limit is exceeded you will continue to receive a response status 'B' - 'accepted with Rx price adjustment' and response code '59' - 'days supply error'.

Prescription Claim	Limit	Accepted	Not Accepted
40 days 80 quantity \$40.00	30 days	30 days 60 quantity \$30.00	10 days 20 quantity \$10.00

This change also affects processing of Trial Prescription (intervention code MT) claims when the person is on a plan where trials are not eligible. After this change is made, when a Trial Prescription is submitted for a person on a plan where trials are not eligible, e.g., Plan E, the claim will adjudicate to zero with a response code of '65' - 'intervention/exception code error'. In these cases, the claim should be reversed, and resubmitted without an intervention code MT.



#### Coming Soon.....

##### Prescriber Edits

Please be aware that soon PharmaNet will begin editing the practitioner name that is submitted on each prescription. A PharmaNet bulletin will be mailed shortly describing how the new edit will work and when the edit will begin.

In preparation for this new edit, please contact your PSV to find out how to correct local practitioner files before the edit comes into effect.



Last Revised: 20 July 2005







97:007 - September 1, 1997

## New Prescriber Edits

During September and October, your software vendor will be providing you with a new version of your pharmacy software. This new software version provides the functionality of the new prescriber name edits required for PharmaNet connection.

### Purpose of the New Edit

The new edit will ensure the prescriber names and ID's are correct and identical among all pharmacies in B.C. and PharmaNet.

### How the Edit Works

1. Each prescription you send to PharmaNet will include both the prescriber's ID and the first five characters of the prescriber's last name.

#### Notes:

- (1) '*prescriber*' means physicians, dentists, veterinarians, etc. in B.C.;
- (2) '*prescriber ID*' means the prescriber's college license number, NOT the MSP billing number.

2. The new edit only applies to the B.C. prescribers, as noted in the table below:

ID Reference Code	Description
91	College of Physicians & Surgeons of British Columbia
93	British Columbia Board of Regents, Chiropody
95	College of Dental Surgeons of British Columbia
V9	British Columbia Veterinary Medical Association

3. The new edit will not apply to the prescribers as noted in the table below:



ID Reference Code	Description
01	College of Physicians & surgeons of Ontario
02	Royal College of Dental Surgeons of Ontario
03	Board of Regents, Chiropody
06	College of Physicians & Surgeons of Manitoba
07	Manitoba Dental Association
08	Ontario College of Midwives
11	Newfoundland Medical Board
15	Newfoundland Dental Association
16	Newfoundland Pharmaceutical Association
21	College of Physicians & Surgeons of PEI
25	Dental Association of Prince Edward Island
26	Prince Edward Island Pharmacy Board
31	Provincial Medical Board of Nova Scotia
35	Provincial Dental Board of Nova Scotia
36	Nova Scotia Pharmaceutical Society
41	College of Physicians & Surgeons of New Brunswick
45	new Brunswick Dental Association

46	New Brunswick Pharmaceutical Society
51	College of Physicians & Surgeons of Quebec
55	Ordre des Dentistes du Quebec
56	Ordre des Pharmaciens du Quebec
66	Manitoba Pharmaceutical Association
71	College of Physicians & Surgeons of Saskatchewan
75	College of Dental Surgeons of Saskatchewan
76	Saskatchewan Pharmaceutical Association
81	College of Physicians & Surgeons of Alberta
85	Alberta Dental Association
86	Alberta Pharmaceutical Association
A1	Northwest Territories Medical Association
B1	Yukon Medical Association
P1	College of Pharmacists of British Columbia
V0	College of Veterinarians of Ontario
V1	Newfoundland & Labrador Vet. Medical Association
V2	PEI Veterinary Medical Association
V3	Nova Scotia Veterinary Medical Association
V4	New Brunswick Veterinary Medical Association
V5	Corp Professionelles des Medecins Veterinaires
V6	Manitoba Veterinary Medical Association
V7	Saskatchewan Veterinary Medical Association
V8	Alberta Veterinary Medical Association



4. Following are some examples of how the prescriber last name should be formatted in order to pass the new edit:

Prescriber Last Name	Pos 1	Pos 2	Pos 3	Pos 4	Pos 5	Description of the Edit
LA SALLE	L	A		S	A	A legitimate blank character should be sent as a blank.
O'BRIEN	O	'	B	R	I	Apostrophes should be sent.
LI	L	I				Only the actual characters in names shorter than five characters will be edited.
MA-WREN	M	A	-	W	R	Hyphens in double names should be sent.



## How to Correct the Error

- You need to change *either* the prescriber ID or the prescriber last name *on your local file* to match PharmaNet's.
  - Ensure the Prescriber ID is the prescriber's college license number, NOT the MSP billing number.
  - Use the 'Prescriber Identification (TIP) transaction to see PharmaNet's prescriber information. The TIP search can be done using the prescriber last name or the prescriber ID.
  - If you need help determining what needs to be corrected, call the PharmaNet HelpDesk.
- Resubmit the prescription.

Date	Edit	Description
Present	Off	The edit is completely turned off.
09/16-11/03/97	Optional	Optional means that the practitioner name edits will be performed IF the first five characters of the last name are provided in the transaction, i.e., the network does not require the transmission of these characters at this time.

11/04/97	Mandatory	Mandatory means that all transactions must contain the first five characters of the prescriber name for the colleges identified in under the How the Edit Works topic heading.
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## Preparing for the New Edit - Data Verification

Ensure your local files have both the correct prescriber ID and last name for each individual B.C. prescriber.

1. Contact your vendor for assistance in ensuring your records are identical to PharmaNet's.
2. Use the TIP transaction to verify your records against the records on PharmaNet.
3. The following table shows some 'global' prescriber ID's that will be rejected by the new edit.

You need the individual prescriber's license number and his/her actual last name:

ID Reference Code	College	Global Prescriber ID	Prescriber Last Name
91	College of Physicians & Surgeons of B.C.	97779	Ostomy
91	College of Physicians & Surgeons of B.C.	99998	Out of Province
93	British Columbia Board of Regents, Chiroprody	90009	Podiatrist
95	College of Dental Surgeons, B.C.	90009	Dentist



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97:008 - October 3, 1997

## Triplicate Prescription Forms

Effective immediately you are no longer required to submit the data entry copy of the Triplicate Prescription (TPP) form to Pharmacare. To eliminate redundant paper handling, the Triplicate Prescription form is currently being reprinted and will consist of two copies only (one for the prescriber and one for the pharmacy).

Until all prescribers use the two-part form, pharmacy managers are asked to ensure that the data entry copies are disposed of in accordance with College of Pharmacists of B.C. guidelines for the disposal of confidential patient documents. The pharmacy copy of the triplicate form must still be retained by the pharmacy, per current procedures.

All prescriptions for narcotics and controlled drugs purchased by practitioners for office use and for individual patients must be transmitted to PharmaNet. Please refer to PharmaNet Bulletin 97.003 for procedures on submitting office use meds. Stock transfers or sales of narcotics and controlled drugs to pharmacies, hospitals, and long term care facilities must be recorded on the local pharmacy system only and not transmitted to PharmaNet.



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97:009 - November 14, 1997

## Prescriber Edit Becomes Mandatory Forms

The prescriber edit was not made mandatory on November 4, 1997, as announced in PharmaNet Bulletin 97:007. The edit is currently '*optional*' which means the edit is only performed on claims from pharmacies running software containing this new feature.

The edit will become mandatory on December 21, 1997.

All pharmacy software vendors have made the appropriate changes to the software to facilitate this edit. Please ensure you have loaded the updated version of your software before December 21, 1997, otherwise you will not be able to process claims on PharmaNet.



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97:010 - November 18, 1997

## PharmaNet Administration Requests

### Pharmacy Software Vendor Changes

If you are planning to change your pharmacy software vendor, you must provide Pharmacare with 24 to 48 hours notice during normal business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday. Please submit the *Pharmacy Software Vendor Change Request* form to provide Pharmacare with the necessary information required for the change. Please call the PharmaNet HelpDesk if you require a copy of this form.

### Dispensing Fee Changes:

Written notification must be provided to Pharmacare at least 24 hours prior to a fee modification. Changes will be entered and effective on PharmaNet at 8:30 a.m. on the established effective date. Changes can not be implemented partway through the day. Notification must be given during normal business hours, 8:00 a.m. to 4:30 p.m., Monday through Friday.

Requests for Pharmacy Software Vendor and Dispensing Fee changes can be faxed to:

Quality Assurance, Pharmacare  
(250) 952-1625

### Reminder:

The PharmaNet *training* and *test* databases are not supported outside normal business hours. To have the training and test databases available during off-hours, weekends, or statutory holidays, you must make arrangements in advance. Keep in mind that support will not be available for any problems, which may be encountered during off-hours. The PharmaNet *production* system is supported on a full-time basis.



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97:011 - December 15, 1997

## Midwives Prescribing Begins January 1, 1998

Midwives registered with the College of Midwives of British Columbia (CMBC) are authorized to prescribe specific drugs effective January 1, 1998. The College of Pharmacists has distributed the CMBC bylaws to all pharmacies, including *Schedule 1* which lists all drugs and substances that a midwife is authorized to prescribe. Please note that it is the responsibility of the pharmacist to ensure that a prescription written by a midwife is for an authorized drug.

The practitioner identification reference code assigned by CPhA to the College of Midwives is 98.

To obtain a copy of the CMBC bylaws or to confirm midwife registration status, please contact the Registrar of CMBC at (604) 875-3580.



Last Revised: 20 July 2005





97:011 - December 15, 1997

## Change to Plan Codes and Trial Prescriptions

Effective December 28, 1997, a new release of PharmaNet will be installed. The features that have changed are described below. If you have any questions regarding these new features, please call the PharmaNet HelpDesk.

The following changes relate to PharmaNet Bulletin 97:006

### 1. Claim Adjudication Information

In reference to *'Additional Information About How A Claim Adjudicates'*, a change has been made to the codes returned for "PLAN=" to return the one character plan code rather than a 2 character code. The following table can be used to identify the plan: *(Note: this table replaces the table from Bulletin 97:006)*

Plan	Description
A	Seniors
B	Long Term Care
C	Human Resources
D	Cystic Fibrosis
E	Universal
F	At Home Program
G	Mental Health

### 2. Trial Prescriptions for Plans Where Trials Are Not Eligible

In Bulletin 97:006 under *'New Edit on the Days Supply Field'*, there were instructions in the final paragraph to reverse claims and resubmit them without the intervention cod of 'MT' if a trial prescription is submitted for a person on a plan where trials are not eligible.

It is no longer necessary to reverse and resubmit claims in these situations. The claim will not adjudicate with a *'65' intervention/exception code error*.

Coming Soon...

At the request of the PharmaNet Users Committee, Pharmacare will be publishing monthly statistics on the total number of special services fees submitted by pharmacies and the total of all identified drug interactions. The publications of these statistics will commence January 31, 1998.



Last Revised: 20 July 2005







98:001 - January 12, 1998

## PharmaNet Disruptions - December 1997

The Christmas '97 season presented some frustration for BC pharmacies and Pharmacare. PharmaNet experienced an unusual series of problems, which unfortunately occurred over the busiest time of the year for pharmacy. For a system with a remarkable track record of .08% downtime since implementation, it was an unprecedented surprise to all of us to experience 3 separate problems over an 11 day period. Pharmacare and the Ministry of Health technical staff have reviewed the events and are taking steps to prevent them from recurring.

### System Software Error

The first outage, on December 21st, lasted for 3 hours and 9 minutes. Fortunately, it was one of the lower volume days for pharmacies, but still had a significant impact to many pharmacies. The cause of the outage was a system software problem, which will be rectified with some planned upgrades to PharmaNet.

### Unexpected Transaction Volumes

The most significant problem was not actually an outage, but a severe degradation of the response time to pharmacies due to unforeseen transaction volumes. On December 22nd at 11:00 a.m. pharmacies began experiencing time-outs (*see Note (1)*). PharmaNet was not able to process the volume of transactions that was being submitted during peak times. Technical staff worked through the night to plan an emergency solution should the problem recur the next day. The same symptoms resumed the next day at approximately 10:30 a.m. The emergency plan was implemented and by 11:20 a.m. on December 23rd, PharmaNet was again functioning normally.

The following table lists the average volume in comparison with the unexpected volumes experienced during the holiday season:

Highest 10 Transaction Days for 1997	Volumes	Footnotes
January 1	107,898	
April 1	108,720	1
May 20	109,439	1
October 14	108,115	1
December 15	112,499	2
December 16	108,020	2
December 22	119,665	2, 3
December 23	112,837	3
December 29	121,326	2
December 30	113,533	2
Average Daily 1997 Transactions	78,300	

### Footnotes:

1. Normal high volume day which occurs on Tuesdays after a statutory holiday.
2. Expected end of year, holiday season high volume day.
3. The 2 days which caused the vole related system degradation. Although volumes for December 15th and 23rd are very close, the resulting problems on December 23rd were a result of the combination of the high volume in addition to the backlog and re-submissions of data from the 22nd.

## Hardware Malfunction

A third system problem occurred on December 31st, which resulted in a 15 minute PharmaNet outage. The problem was a faulty hardware component that has since been corrected.

The PharmaNet HelpDesk worked extremely hard to deal with the influx of calls during these disruptions. The customer service representatives were appreciative of the understanding and patience that most pharmacists and members of the public displayed. However, they also realized that pharmacists' anxiety levels were high in dealing with their own frustrated clients, and attempted to respond accordingly.

Although there are no guarantees where technology is concerned, the Ministry has taken every possible action to avoid a similar situation in the future. The Ministry sincerely regrets the inconvenience that these disruptions have caused. With the correct measures taken, we are optimistic that we can restore our track record of system performance and the customer service level to which BC pharmacies have a right to expect.

## Communication Plan for Future Outages

To ensure that pharmacies are able to obtain information quickly and accurately about future disruptions, Pharmacare has implemented a procedure to inform the following organizations of problems as quickly as possible:

The PharmaNet Users Group (PUG)  
The B.C. Pharmacy Association  
The College of Pharmacists of B.C.

The information supplied will include:

A description of the disruption and estimated duration;  
The impact to the pharmacies;  
The locations that are being affected;  
A description of the resolution.

Pharmacists may contact the above organizations for information in the event of a disruption.

The communication plan will be presented to PUG for their review and input on the best way of communicating this and other types of information to pharmacies. Pharmacies are encouraged to use PUG as an effective communication vehicle by sharing their ideas and suggestions with PUG members.

*Note (1):*

*Time-outs occur when the main PharmaNet computer cannot process transactions within a pre-determined length of time; currently the parameter is set to 60 seconds. Time-outs can occur for a number of reasons. An unexpected spike in transaction volumes, a hardware or software error or malfunction, or network difficulties are examples. The message that pharmacies see when a transmission times out will vary depending on their local computer software. Pharmacy staff should be aware that the same or similar error messages may not be indicative of the same problem.*



Last Revised: 20 July 2005





98:002 - June 30, 1999

## New Time for the PharmaNet Change Window

The Ministry of Health, in conjunction with the College of Physicians and Surgeons of B.C., and the College of Pharmacists of B.C., intends to bring PharmaNet medication profiles and Client Registry information to 15 hospital emergency departments throughout the province as a pilot project. The medical profession, regulatory bodies, and hospital administration have recognized the benefits of PharmaNet data to patients in a hospital emergency department setting. These benefits include:

1. quick access to a more complete and reliable profile
2. potential to enhance patient treatment decisions
3. increased awareness of duplicate prescribing
4. reduced fraud and abuse
5. speedier positive patient outcomes

Once the pilot project has been evaluated, we expect to make this information available to all hospitals in the province.

Since the implementation of PharmaNet, an 8 hour change window has been regularly scheduled for Sundays from midnight to 8:00 a.m. This change window is required so that technical staff can perform routine and scheduled maintenance on PharmaNet. Although the full 8 hour change window has rarely been used in the past, the full change window will likely be required for the next few months to accommodate PharmaNet upgrades. Emergency department activity is high during the early hours on Sunday, therefore, it is necessary to revise the change window schedule to accommodate this need. The impact to pharmacies should be negligible as transaction volumes are comparable between the old and the new time slots.

Effective March 5, 1998, the PharmaNet change window will move to the new time of Midnight until 08:00 a.m. every Thursday.

This new time slot will be implemented on a trial basis (until October 1, 1998) while we collect information on the usage of PharmaNet by hospitals. We will use this information to determine whether there is a more suitable time slot.

If you have any questions or comments, please call the HelpDesk.



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## 98:003 - February 10, 1998

### Change Window Extension

The Sunday change window scheduled for February 22, 1998, will be extended by an extra 2 hours.

The extended PharmaNet change window will be from 10:00 a.m. Saturday, February 21, until 8:00 a.m. Sunday, February 22.

This extension will facilitate the final step of database upgrades. We anticipate that this will correct problems that have caused most of the recent PharmaNet outages.

We regret that this extension period may provide inconvenient for some; however, consultations with the College of Pharmacist and the B.C. Pharmacy Association determined that this was the best possible time to effect these necessary, extraordinary changes.

The normal PharmaNet change window of Midnight to 9:00 a.m. on Sundays will remain in effect on February 15 and March 1. Please remember that on March 5, 1998, the PharmaNet change window will move to the new time of Midnight until 9:00 a.m. every Thursday (see PharmaNet Bulletin No. 98:002 for details).



Last Revised: 20 July 2005





98:004 - May 8, 1998

## Year 2000 Alert

The Year 2000 is fast approaching. The Ministry of Health has established a Year 2000 Project and, as part of that project, information is being sent to our business partners to alert you to potential issues related to the change to the Year 2000.

Pharmacare staff are working with your Pharmacy Software Vendor to ensure that there are no problems with access to PharmaNet. The PharmaNet system has been designed to handle dates in the Year 2000 and beyond. Year 2000 compliance discussions are under way with your Pharmacy Software Vendor. Full system testing will begin shortly, and PharmaNet will be completely ready for the Year 2000 by December 31, 1998. Pharmacare has advised all vendors that they must be certified as "Year 2000 ready" by March 31, 1999.

There are, however, many other areas of your operation outside the jurisdiction of the Ministry of Health that could present problems as the year changes to 2000. The following is a suggested approach:

1. Do an inventory of all areas that might be affected (see examples below)
2. Determine the vendors of those items
3. Contact the vendors regarding Year 2000 compliance
4. Prioritize required work to ensure readiness for Year 2000
5. Make changes or find replacements as required
6. Monitor overall Year 2000 progress

Examples of problem areas that have been encountered by other organizations include:

- telephone systems, fax machines, cell phones, pagers, and photocopiers
- security systems, elevators, and automatic doors
- paper forms used to gather, record or disseminate information
- personal computers, printers, modems, local area networks and servers
- computer system software
- interfaces with other store systems, banks and other financial systems

For further information about Year 2000 issues, there are many Internet sites. For example, the B.C. government web page is [www.y2k.gov.bc.ca](http://www.y2k.gov.bc.ca).

For further information about the PharmaNet Year 2000 Project, please contact Penny Pattison, Pharmacare Year 2000 Coordinator:

e-mail: [Year 2000 Coordinator](#)

phone: (250) 952-2776



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98:005 - June 19, 1998

## Name Searches for People with Only one Name

There are some circumstances when a client will legitimately have only one name. A procedure has been established for handling these situations.

When a person has only one name, when searching for them or adding them to the system, the one name must be used in both the Last Name and Given Name fields.

For example, if you have a male client with the single name of Hobson, take the following steps:

1. Do a search using Last Name: 'Hobson', Given Name: 'Hobson'
2. If there is no match, do a search using Last Name: 'Hobson', Given Name: 'Mr.'
3. If there is still no match, request a new PHN using Last Name: 'Hobson', Given Name: 'Hobson'

Note that the PharmaNet Help Desk can be used to assist in the search.

Please convey this information to all pharmacists, and add this information to the Personal Health Number Quick Reference Card.



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98:006 - June 19, 1998

## Payment Options During an Outage

During an outage, in-pharmacy systems provide the option of recording transactions as "pay provider" or "pay cardholder". Some software automatically defaults to one of the options while other software provides the option with each transaction. To ensure that prescriptions are appropriately paid, you must be aware of how your software performs. If you are unsure, review the documentation provided by your software vendor or contact your systems trainer for information.

For more details on continuing business during an outage, please refer to Chapter 7.0 - Network Problems/Business Resumption, of the Pharmacy Reference Guide.



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98:009 - August 28, 1998

## Change to Methadone DUE Checking on PharmaNet

The PharmaNet User Group of the College of Pharmacists of B.C. approved the removal of methadone (din 999792) from DUE checking performed by PharmaNet.

Currently, methadone accounts for approximately 30% of all Duplicate Ingredient/Duplicate Therapy messages returned to pharmacies by PharmaNet. Removal of methadone from DUE checking will eliminate all automated checking, including drug to drug interaction monitoring, carried out by PharmaNet.

This change will be made effective September 17, 1998. Pharmacists dispensing prescriptions to patients on methadone should be aware of potential drug interactions for methadone and be prepared to recommend appropriate monitoring and management strategies to physicians and patients.

A table of potential drug to drug interactions for methadone was included in the July/August 1998 *College of Pharmacists Bulletin*.

If you have any questions, please contact Melva Peters, PharmaNet Coordinator, College of Pharmacists of B.C. at (604) 733-2440 or 1-800-491-6333 or email: [PharmaNet Coordinator](#)



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98:010 - October 15, 1998

## Improved Performance

Many pharmacists have experienced slow response times while accessing PharmaNet during the last few months. After the problem was reported to the HelpDesk, it was escalated to management and PharmaNet systems support staff. The problem was extensively investigated and resulted in changes being made to PharmaNet software during an emergency change window at 5:30 a.m. on August 25, 1998. Close monitoring since then has confirmed that response time has returned to normal.

We realize that these past few months have been difficult for you and regret any inconvenience this may have caused. Thank you for your patience.

## Stadol Nasal Spray (din 2113031) Submission Changes

Effective November 1, 1998, all Stadol nasal sprays must be submitted on PharmaNet using the number of doses dispensed. The quantity will be set at 14 doses per bottle. Please do not submit using the number of mls or the number of bottles dispensed (i.e., in the quantity field enter 14).

This policy is implemented in order to eliminate inconsistencies. It will also bring Stadol in line with other inhalers, which are submitted using the number of doses.

If you have any questions regarding this change, please contact the PharmaNet HelpDesk.



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98:011 - October 29, 1998

## First DataBank Patient Education Monographs

Beginning in November 1998, First DataBank Patient Education Monographs (Education Long and Education Short) that are requested from PharmaNet will have the following disclaimer inserted at the top of the monograph. The ASHP Med Teach<sup>®</sup> monographs are not included in this change.

**IMPORTANT NOTE:** *The following information is intended to supplement, not substitute for, the expertise and judgment of your physician, pharmacist or other healthcare professional. It should not be construed to indicate that use of the drug is safe, appropriate, or effective for you. Consult your healthcare professional before taking this drug.*

If you have any questions, please contact Melva Peters, PharmaNet Coordinator, College of Pharmacists of B.C. at (604) 733-2440 or 1-800-491-6333 or email: [PharmaNet Coordinator](#)



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98:012 - November 27, 1998

## Westel Communications Ltd.

As of November 1, 1998, Westel Communications Ltd. is providing maintenance services for all SPAN/BC network hardware. The government owned hardware is located throughout the province and includes some equipment located within you pharmacy.

Should equipment within your pharmacy require maintenance, Westel employees are required to present identification badges as proof of their authority to service the equipment. Please ensure that all pharmacy staff are aware of the proper security precautions prior to admitting service personnel to the premises.

If you have any questions or concerns regarding the above notification, please call the PharmaNet HelpDesk.



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 <a href="#">Ministry of Health Services</a>	 <a href="#">Government of British Columbia</a>
 <a href="#">Pharmacare Program</a>	

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Feb 08, 1996

#96-03

### **Please Circulate Among Dispensing Staff**

#### **DIDROCAL KIT QUANTITY CLARIFICATION**

As indicated in Pharmacare Newsletter 95-21, the Didrocal Kit (CDIC 2176017) is now a Pharmacare benefit. Please note that when reporting a quantity for this product, 90 tablets should be used.

#### **REMINDER**

Please keep in mind that Pharmacare reimbursement policy is at Actual Acquisition Cost (AAC) levels up to the relevant maximums. Pharmacare benefits are reimbursed at AAC to a maximum of 9% over the manufacturer's list price on all wholesale sourced pharmaceuticals. Products that are part of the Low Cost Alternative or Reference Based Pricing Program must be submitted at AAC and are subject to established maximum pricing guidelines.

#### **RESTRICTED CLAIMANTS**

If you are having difficulty with restricted or invalidated clients' files ("pharmacy not authorized to dispense" messages), please contact either Pam Milnes or Bob Ireland at Pharmacare for assistance.

#### **DHEA (dehydroepiandrosterone)**

DHEA is available as an investigational/experimental treatment and therefore is not eligible for Pharmacare reimbursement. Any compound preparations containing DHEA powder, also do not qualify for Pharmacare reimbursement.

#### **ELECTRONIC SUBMISSIONS**

Effective February 15, 1996, we will be unable to accept claim resubmissions in electronic format. After that date, any resubmission of claims prior to connection to PharmaNet or submissions from non-pharmaceutical suppliers must be on paper.

#### **LAMICTAL/NEURONTIN**

Effective, February 1, 1996, Lamictal (lamotrigine) and Neurontin (gabapentin) will be eligible as routine Pharmacare benefits. Reimbursement will no longer be restricted to neurologists and prior approval will not be required.

#### **LCA/RBP UPDATE**

The following NEW or existing products have been classified with regard to their status on the LCA and RBP programs and are benefits for Plans A, B, C or F unless indicated otherwise. Products with an LCA STATUS of "F" will be considered Full Benefits (this means they qualify for full reimbursement as Low Cost Alternatives). Products with an LCA STATUS of "P" are not full benefits and will be reduced to the price established for the Low Cost Alternatives. Products with RBP in the RBP Status column are subject to Reference Based Pricing.

**NEW PRODUCTS CATEGORIZED TO LCA/RBP**

CDIC	MAN.	DRUG NAME	RBP
02207818	PMS	PMS Clonazepam-R 0.5mg Tabs	F
02171791	TCH	Tenolin 50 Tabs	P
02171805	TCH	Tenolin 100 Tabs	P

**NEW BENEFITS**

The following new drugs have been included as Pharmacare benefits on Plans A, B, C, F and E.

CDIC	MAN	DRUGNAME
00751898	PMD	PMS Perphenazine Conc. Soln. 3.2mg/ml
02031159	KNR	Ophtho-Bunolol 0.25% Soln.
02031167	KNR	Ophtho-Bunolol 0.5% Soln.
02176084	NOPH	Novo-Ketotifen Syrup 1mg/5ml
02076306	ALC	Iopidine 0.5% Ophth. Sol.
02024152	PFI	Diflucan Oral Sus. 50mg/ml
02142082	BWE	Lamactil 25mg Tabs
02142090	BWE	Lamactil 50mg Tabs
02142104	BWE	Lamactil 100mg Tabs
02142112	BWE	Lamactil 150mg Tabs
02142120	BWE	Lamactil 200mg Tabs
02142139	BWE	Lamactil 250mg Tabs
02084260	PDA	Neurontin 100mg Caps
02084279	PDA	Neurontin 300mg Caps
02084287	PDA	Neurontin 400mg Caps
02167808	SYN	Syn Bromazepam 1.5mg Tabs
02167816	SYN	Syn Bromazepam 3mg Tabs
02167824	SYN	Syn Bromazepam 6mg Tabs
02195917	APX	Apo-Megestrol 40mg Tabs
02195925	APX	Apo-Megestrol 160mg Tabs
02195933	APX	Apo-Levocarb 100/10
02195941	APX	Apo-Levocarb 100/25
02195968	APX	Apo-Levocarb 250/25
02132702	PFI	Zoloft 25mg Caps




**NON BENEFITS**

The following new products are not eligible for reimbursement on any Pharmacare Plan.

CDIC	MAN	DRUGNAME
02175991	FUJ	Prograf 1mg Caps
02175983	FUJ	Prograf 5mg Caps
02176009	FUJ	Prograf 5mg/ml Inj

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*April 22, 1996*

*#96-04*

### **Fenfluramine:**

In January 1993, Pharmacare delisted the anorexiant diethylpropion (Tenuate), Mazindol (Sanorex) and Phentermine (Ionamin/Fastin) and their generic equivalents as eligible benefits. At that time Fenfluramine remained an eligible benefit in the approved indication as an adjunct to treatment of maturity onset diabetes.

Effective May 15, 1996 coverage of Fenfluramine, in this approved indication, will be restricted and provided on a prior approval basis only. Physicians may request special authorization for coverage for patients meeting this criteria.

### **Pharmacare Restrictions:**

Some of you may have noticed that you are no longer receiving letters confirming new restrictions and changes to restrictions. As this information is available on PharmaNet, these letters are no longer necessary. Again, any questions regarding restrictions should be directed to either Pam Milnes or Bob Ireland through the Help Desk.

### **Trial Prescription Program:**

Effective April 1, 1996, the trial quantity has been increased from 10 days to up to 14 days for all drugs eligible under the Trial Prescription Program.

### **Pharmacare's New Drug Submission Review Process:**

Because of the escalating costs of the program, which represent a serious threat to the long term existence of Pharmacare and the health benefits it provides, all new drugs introduced in British Columbia are subject to Pharmacare's Drug Submissions Review Process which includes the consideration of therapeutic and pharmacoeconomic evaluations conducted by the Therapeutics Initiative and Pharmacoeconomics Initiatives, respectively.

Until a new drug has been through the routine review process, Pharmacare is unable to provide coverage for that Product. Special authorizations are not provided while the drug is under review.

When the review is completed, a newsletter is sent to every pharmacy in the province indicating the benefit status of the new medication within the Pharmacare program. If approved, reimbursement is effective the date of approval, and is subject to the usual and customary eligibility and deductible criteria. Retroactive coverage is not provided for any prescriptions purchased prior to Pharmacare approval.

**Servent (salmeterol xinafoate):** Effective March 15, 1996, Serevent, will be included as a restricted benefit under the Pharmacare Program. In order to control and monitor safe and effective distribution and administration of Serevent, the following guidelines have been established:

- Serevent is eligible as a Pharmacare benefit under the Special Authority process, and only for patients experiencing breakthrough symptoms when given optimal corticosteroid and short-acting beta agonist therapy.

- Respirologists and allergists will be exempt from the Special Authority process.
- General practitioners may apply for special authority if their patient meets the above criteria.
- If it is determined that Pharmacare will provide assistance for the cost of therapy, reimbursement for those satisfying any predetermined criteria, will be consistent with existing policies and procedures. Prior approval, when prescribed by general practitioners will be necessary and there will not be any allowance for retroactive coverage.
- Because of the potential for inappropriate use due to marketing, and the potential life threatening consequences associated with prolonged use of long-acting beta agonists, the Pharmacoeconomic Initiative with the aid of the PharmaNet database is proposing to closely monitor the diffusion of Serevent. The overall claims of cost savings to the health care system due to reduced hospital costs will also be verified in this evaluation.

### New BBS File:

Because BBS users have requested a comprehensive file of all pricing and adjudication information, Pharmacare has responded by offering a new, "Current Prices and Plans File". The file (PNP.TXT) contains detailed information on all DINs that Pharmacare recognizes. With each DIN, there is information on LCA prices, manufacturers' prices, and plan coverage.

CDIC	(Or, Drug Identity Number)
Benefit Groups	Multiple, in 2 character segment
LCA Indicator	Full, Partial, Plan B Full Benefit, (Not in LCA)
Drug Name	Brand name of drug
Man	Manufacturer Abbreviation
Chemical Name	Chemical (generic) Name of Drug
Trial Indicator	"Trial" program indicator (Y,N)
Manuf. Price	Pharmacare's recognised Manufacturer's Direct price.
LCA Price	Current LCA price.

Please read the BBS file PNPFORMAT.TXT for further information and a listing of Benefit Group meanings. Also note that the file is a snapshot of what Pharmacare currently covers, and is subject to change. The file will be updated weekly. If you have any questions about the BBS, please call Sean Burnett at (604) 952-2897. The phone number for the BBS is (604) 952-2909. Please refer to Newsletter #95-02 for comprehensive access instructions.

### LCA/RBP UPDATE

The following NEW or existing products have been classified with regard to their status on the LCA and RBP programs and are benefits for Plans A, B, C or F



unless indicated otherwise. Products with an LCA STATUS of "F" will be considered Full Benefits (this means they qualify for full reimbursement as Low Cost Alternatives).

Products with an LCA STATUS of "P" are not full benefits and will be reduced to the price established for the Low Cost Alternatives. Products with RBP in the RBP Status column are subject to Reference Based Pricing.

### **New Products Categorized To LCA/RBP**

<b>CDIC</b>	<b>MAN.</b>	<b>DRUG NAME</b>	<b>LCA RBP</b>
02200996	NXP	NU-Sotalol 80mg Tabs	F
02165368	NXP	NU-Salbutamol 2mg Tabs	F
02165376	NXP	NU-Salbutamol 4mg Tabs	F
02185415	NXP	NU-Megestrol 40mg Tabs	F
02185423	NXP	NU-Megestrol 160mg Tabs	F
02197405	NXP	NU-Acyclovir 200mg Tabs	F
02197413	NXP	NU-Acyclovir 400mg Tabs	F
02197421	NXP	NU-Acyclovir 800mg Tabs	F
02182831	NXP	NU-Levocarb 10/100mg Tabs	F
02182823	NXP	NU-Levocarb 25/100mg Tabs	F
02182858	NXP	NU-Levocarb 25/200mg Tabs	F
02165546	NXP	NU-Acebutolol 100mg Tabs	P
02165554	NXP	NU-Acebutolol 200mg Tabs	P
02165562	NXP	NU-Acebutolol 400mg Tabs	P
02210428	APX	APO-Sotalol 80mg Tabs	F
02171880	MSD	Timoptic XE Gellan Solution 0.25%	F
02171899	MSD	MSD Timoptic XE Gellan Solution 0.50%	F
02212048	PMS	PMS-Cyclobenzaprine 10mg Tabs	F

### **NEW BENEFITS**

The following new drugs have been included as Pharmacare benefits on Plans A, B, C, F and E.

#### **(CDIC MAN DRUG NAME)**

- 02211076 APX APO-Buspirone 10mg Tabs
- 02176122 UNK Lin-Buspirone 10mg Tabs
- 02207672 NXP NU-Buspirone 10mg Tabs
- 02210347 GPM Gen-Verapamil SRT 120mg Tabs
- 02210355 GPM Gen-Verapamil SRT 180mg Tabs
- 02210363 GPM Gen-Verapamil SRT 240mg Tabs

- 02156091 RPR Noritate Topical Cream
- 02213834 RPR Nasacort AQ
- 02163705 BOE Atrovent Nasal Spray 0.03%
- 02008203 ROP Rhovane 7.5mg Tabs
- 02211076 APX APO-Buspirone 10mg Tabs

**NON Benefits**







The follwing new product is not eligible for reimbursement on any Pharmacare Plan

**CDIC MAN DRUG NAME**

02198630 TCH Calmylin Ace Syrup

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August 26, 1996

#96-07

## PLEASE CIRCULATE AMONG DISPENSING STAFF

### **NEORAL:**

Sandoz Canada Inc will be discontinuing Sandimmune and this product is to be replaced by Sandimmune Neoral (micronized emulsion form of cyclosporin). Effective August 1, 1996, the following Sandimmune Neoral products, will be included as a restricted benefit under the Pharmacare Program.

### **CDIC #:**

- 2150689 25mg cap.
- 2150662 50mg cap.
- 2150670 100mg cap.
- 2150697 100mg/ml soln.

Sandimmune Neoral will be eligible as a Pharmacare benefit under the special authority process, in the following indications as approved by Health Protection Branch: psoriasis, rheumatoid arthritis, and nephrotic syndrome. If it is determined that Pharmacare will provide assistance for the cost of therapy, reimbursement will be consistent with existing policies and procedures and there will not be any allowance for retroactive coverage.

### **VASOTEC:**

We have been advised from Apotex that their inventory of some strengths of Vasotec are almost exhausted. Effective June 14, 1996, Pharmacare will provide full coverage for all strengths of Vasotec and Apo-Enalapril, subject to the usual eligibility and deductible criteria.

### **MS CONTIN SUPPOSITORIES AND HYDROMORPHONE CONTIN CAPSULES:**

The review of the above new products has now been completed. MS Contin Suppositories and Hydromorphon Contin Capsules have not been approved as routine benefits under the Program. However, Pharmacare will consider special authorization on a case by case prior approval basis, on receipt of a written request from the prescribing physician. Funding will be restricted for pain management in cancer patients and palliative care patients, who are unable to tolerate the regular dosage forms of morphine and hydromorphone.

### **CERTIFICATES OF TRAINING:**

Pharmacare is now mailing information to diabetics whose Certificates of Training are about to expire. Notification is being mailed out three months in advance of the expiry dates to allow sufficient time for recertification of the diabetic.

We are advised by the chair of the Diabetic Centre Certification Committee that, if a diabetic cannot attend the recertification before the expiration of a certificate, the Centre can issue a

temporary certificate until the individual can be recertified.

### LCA/RBP UPDATE:

The following NEW or existing products have been classified with regard to their status on the LCA and RBP programs and are benefits for Plans A, B, C or F unless indicated otherwise. Products with an LCA STATUS of "F" will be considered Full Benefits (this means they qualify for full reimbursement as Low Cost Alternatives). Products with an LCA STATUS of "P" are not full benefits and will be reduced to the price established for the Low Cost Alternatives. Products with RBP in the RBP Status column are subject to Reference Based Pricing.

CDIC	MAN	DRUG NAME	LCA, RBP
00836249	PMS	PMS-Piroxicam Caps, 10 mg	RBP
02174545	GPM	Gen-Metoprolol Tabs, 50 mg.	F
02174553	GPM	Gen-Metoprolol Tabs, 100 mg.	F
02210320	PMS	PMS-Cholestyramine Regular Powder - POUCH	P
02208229	PMS	PMS-Salbutamol Resp. Solution 1.0 mg/ml	F
02197456	NOP	Novo-Levobunolol Oph. Solution 0.25%	F
02197464	NOP	Novo-Levobunolol Oph. Solution 0.5%	F
02213370	SCH	Nitro-Dur patches 0.3 mg.	F
02093162	NOP	Novo-Clobetasol Cream 0.05%	F
02219581	YMG	Scheinpharm Gentamicin 0.3% Solution	F
02220679	YMG	Scheinpharm Atenolol 50 mg.	F
02220687	YMG	Scheinpharm Atenolol 100 mg	F
01939130	ODN	Niacin 500mg. tabs.	F
02220059	ICN	Oxybutyn tabs 5 mg.	F
02156083	NOP	Novo-Keto (Ketoprofen) SUPP. 100 mg.	F
02165481	TCH	ORAFEN (Ketoprofen) SUPP. 100 mg	F
02196018	GPM	Gen-Famotidine tabs 20 mg.	RBP
02204517	NOP	Novo-Acebutolol 100 mg. tabs.	F
02204525	NOP	Novo-Acebutolol 200 mg. tabs.	F
02204533	NOP	Novo-Acebutolol 200 mg. tabs	F
00229468	GPM	Gen-Cromoglycate Sterinebs 1% (inh.soln)	F
02216213	GPM	Gen-Clobetasol Scalp Application 0.05%	F
02196026	GPM	Gen-Famotidine tabs 40 mg.	RBP
02212005	APX	APO-Loperamide tabs. 2 mg.	F
02216256	APX	APO-Desipramine tabs 25 mg.	F
02216264	APX	APO-Desipramine tabs 50 mg.	F
02216272	APX	APO-Desipramine tabs 75 mg.	F

02210479	NOP	NOVO-Ipramide Inh. Solution 0.25 mg./ml	F
02207761	GPM	Gen-Ranitidine 150 mg. tabs	F
02207788	GPM	Gen-Ranitidine 300 mg. tabs	F
02126192	NOP	NOVO-Clobetasol Ointment 0.05%	F
02211939	NXP	NU-Desipramine tabs. 10 mg.	F
02211947	NXP	NU-Desipramine tabs. 25 mg.	F
02211955	NXP	NU-Desipramine tabs. 50 mg.	F
02211963	NXP	NU-Desipramine tabs. 75 mg.	F
02216353	APX	APO-Fluoxetine Caps. 10 mg.	F
02216361	APX	APO-Fluoxetine Caps. 20 mg.	F
02207745	PMS	PMS-Cholestyramine Regular powder - TIN	F
02192756	NXP	NU-Fluoxetine Caps. 10 mg.	F
02192764	NXP	NU-Fluoxetine Caps. 25 mg.	F
02216582	NOP	Novo-Fluoxetine 20 mg.	F
02216248	APO	Apo-Desipramine 10 mg. tabs.	F

### **NEW BENEFITS:**

The following new drugs have been included as Pharmacare benefits on Plans A, B, C, F and E.

<b>CDIC</b>	<b>MAN</b>	<b>DRUG NAME</b>
02182866	UPJ	Dalacin C 300 mg. capsules
02042487	ORG	Marvelon 21's
02042479	ORG	Marvelon 28's
02174766	GLA	Flovent Inh. 125 mcg/dose
02174731	GLA	Flovent Inh. 25 mcg/dose
02174774	GLA	Flovent Inh. 250 mcg./dose
02174758	GLA	Flovent Inh. 50 mcg./dose
02148552	KNR	Medroxyprogesterone acetate 2.5mg.
02148560	KNR	Medroxyprogesterone acetate 5.0 mg.

**CF BENEFITS** The following products are benefits for registered cystic fibrosis clients only.

<b>USER PIN</b>	<b>DRUG NAME</b>
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55123594	Vitamin E drops
55123600	Multivitamin Liquid/Drops
55123624	Calcium liquid
55123612	Selenium Liquid

**NON-BENEFITS** The following products are non-benefits for all Pharmacare Plans.

CDIC	MAN	DRUG NAME
02125366	PFR	Hydromorphon Contin Controlled Release Caps 12 mg.
02125382	PFR	Hydromorphon Contin Controlled Release Caps 24 mg.
02146827	PFR	MS Contin Suppositories 30 mg.
02145944	PFR	MS Contin Suppositories 60 mg.
02145952	PFR	MS Contin Suppositories 100 mg.
02145960	PFR	MS Contin Suppositories 200 mg.
02142023	PGP	Ultradol (etodolac) Caps 200 mg.
02142031	PGP	Ultradol (etodolac) Caps 300 mg.






### **SPECIAL AUTHORITY:**

Effective May 1, 1996, the following drugs are available for coverage on a prior approval SPECIAL AUTHORITY basis only. Coverage will be subject to the same guidelines as omeprazole (Losec). Gastroenterologists and endoscopists will be exempt from the Special Authority process.

CDIC	MAN	DRUG NAME
2165503	ABB	PREVACID (lansaprazole) 15 mg. caps
2165511	ABB	PREVACID (lansaprazole) 30 mg. caps

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## PHARMACARE NEWSLETTER

*November 5, 1996*  
*#96-08*

### Please Circulate Among Dispensing Staff

#### **Software Vendor Change Request Form:**

Please make note that Pharmacare requires 48 Hours Notice from receipt of the Pharmacy Software Vendor Change Request Form, in order to effect the changes on PharmaNet during regular business hours, Monday-Friday, 8 a.m. - 4:30 p.m. Information received after hours and holidays will be activated the following business day and effective midnight. All changes will be activated at midnight prior to the specified "Effective Date of Change" stated on the form. If you require a form, please contact the PharmaNet HelpDesk and a copy will be faxed to you.

#### **Immediate-release nifedipine (Adalat):**

Effective December 1, 1996, immediate-release nifedipine capsules/tablets will no longer be available as a routine benefit. Special authority approval will only be provided for patients with vasospastic (Prinzmetal) angina.

#### **Indapamide:**

Effective December 1, 1996 indapamide 1.25mg and 2.5mg will be delisted as eligible Pharmacare benefits. Indapamide does not offer a therapeutic or cost effective advantage in comparison to thiazide diuretics. Thiazides and indapamide in equal doses have similar blood pressure lowering effect. A review of randomized controlled trials have shown that there is no evidence that indapamide is superior to thiazides in respect to its effect on lipids, glucose, left ventricular mass index and serum potassium. As well, there is no evidence that indapamide, unlike thiazides, reduce the risk of stroke, coronary events and overall morbidity and mortality.

#### **Cozaar (losartan):**

Effective October 1, 1996, Cozaar will be available as a restricted benefit, on a prior approval special authority process. Cozaar will only be covered for the treatment of hypertension, in patients who have experienced an intractable cough with ACE-Inhibitors.

#### **PULMOZYME (deoxyribonuclease):**

Effective November 1, 1996, Pulmozyme (deoxyribonuclease) 1mg/ml solution will no longer be restricted for distribution from hospitals for Cystic Fibrosis patients. Pulmozyme will remain a Pharmacare benefit for the treatment of cystic fibrosis. When Pulmozyme is prescribed by one of the eight specialists from the Cystic Fibrosis Clinics at St. Pauls Hospital, British Columbia Children's Hospital, or Victoria General Hospital, any community or hospital pharmacy will be able to dispense this product and issue official Pharmacare receipts. Pharmacare will continue to monitor usage of this specialty

treatment.

### **Compounded Topical Non Steroidal Anti-inflammatory Preparations**

Pharmacare staff have recently had several inquiries regarding the benefit status of non steroidal anti-inflammatory agents (eg. diclofenac in glaxal base, ketoprofen in A535 Rub) compounded in topical preparations. To date, we have not received any information to support the therapeutic use of these preparations. Please note, at the present time such compounded prescriptions are not eligible for reimbursement under the Pharmacare Program. Should you have any questions concerning the eligibility of compounded prescriptions, please contact Pharmacare for clarification.

### **Fosamax (alendronate):**

The review of alendronate has now been completed. Please note, the above new drug will only be available as a restricted benefit, on a prior approval special authority process. Special authority requests will be considered based on the following guidelines:

1. Treatment of osteoporosis: documented pathological fractures secondary to osteoporosis; consideration or trial of hormonal replacement therapy; and intolerance or treatment failure with etidronate  
Patients will be required to meet all of the above criteria before approval will be granted.
2. Treatment of Paget's disease unresponsive or intolerant to etidronate.

□

### **NON-BENEFITS:**

The following products are non-benefits for all Pharmacare Plans

CDIC	MAN.	DRUG NAME
02053136	JOU	Maxair 250 mcg inh 0.2 mg
02163675	BQC	Cefzil oral powder 125mg/5ml
02163659	BQC	Cefzil tabs 250 mg
02163683	BQC	Cefzil susp. powder 250 mg/5ml
02163667	BQC	Cefzil tabs 500 mg
02123274	SEV	Coversyl tabs 2 mg
02123282	SEV	Coversyl tabs 4 mg
02163721	BOE	Combivent inh. aerosol 100-20 mcg
02143291	ALL	Ocuflox oph. liq. 0.3%
02158655	DPM	Revia tabs 50 mg - newer formulation
02213826	DPM	Revia tabs 50 mg
02162903	MRR	Cloxipol tabs 10 mg



02162911	MRR	Cloxipol tabs 25 mg
02162938	MRR	Cloxipol tabs 40 mg
02162946	MRR	Cloxipol liquid 50
02162954	MRR	Cloxipol liquid 200
02162962	MRR	Cloxipol liquid 500
02184478	ZEN	Casodex tabs 50 mg

### **NEW BENEFITS:**

The following new drugs have been included as Pharmacare benefits on Plans A, B, C, F and E.

<b>CDIC</b>	<b>MAN.</b>	<b>DRUG NAME</b>
00614491	ATO	Doloral 1 syrup 1 mg/ml
00614505	ATO	Doloral 5 syrup 5 mg/ml
02187663	TCH	Lydonide ointment 0.05%
02187671	TCH	Lydonide emollient 0.05%
02187655,	TCH	Lydonide cream 0.05%
02223376	PMS	PMS-Oxybutynin Chloride Syrup 1 mg/ml
02219271	YMG	Scheinpharm-triamcinolone ace inj. susp. 40 mg/ml
02223511	APX	APO-Nortriptyline caps 10 mg
02223538	APX	APO-Nortriptyline caps 25 mg
02223139	NXP	NU-Nortriptyline caps 10 mg
02223147	NXP	NU-Nortriptyline caps 25 mg
02223600	NXP	NU-Fenofibrate caps 100 mg
02218313	APX	APO-Zopiclone tabs 7.5 mg
02225964	APX	APO-Temazepam caps 15 mg
02225972	APX	APO-Temazepam caps 30 mg02223570
02223570	NXP	NU-Temazepam caps 15 mg
02223589	NXP	NU-Temazepam caps 30 mg
02177692	PMS	PMS-Nortriptyline caps 10 mg

02177706	PMS	PMS-Nortriptyline caps 25 mg
02216132	PMS	PMS-Lithium Carbonate caps 150 mg
02216140	PMS	PMS-Lithium Carbonate caps 300 mg
02140055	KNR	Kenral-Valproic ECC 500 mg
02042541	ORT	Ortho-Cept tabs 21's
02042533	PMS	PMS-Dexamethasone tabs 0.75 mg
02194333	GEI	Tegretol Susp. 100 mg/5 ml
02152541	FIS	Pediapred Oral Sol 6.7 mg/5 ml
02167832	SIL	Dicyclomine Hydrochloride Inj 10 mg/ml
02048272	SIL	Digoxin Pediatric Inj 0.05 mg/ml
02048264	SIL	Digoxin Inj 0.25 mg/ml
02039508	SIL	Glycopyrrolate Inj 0.2 mg/ml
00884359	FRS	Zocor tabs 40 mg
02222051	SQU	Pravachol tabs 40 mg
02203324	JOU	Ultrase MS-4 caps
02203324	JOU	Ultrase MS-4 cap

**BENEFITS (Plan B only): The following drugs are benefits for Plan B only:**

CDIC	MAN	DRUGNAME
2144379	PMS	PMS - Sennalax Liquid 1.7 mg/ml

**NEW PRODUCTS CATEGORIZED TO LCA/RBP**

CDIC	MAN	DRUGNAME	LCA / RBP
02229441	SIL	Gentamicin Sulfate Otic Sol 0.3%	F
02228343	ICN	Loperacap tabs 2 mg	F
01964976	PMS	PMS - Dexamethasone tabs 0.5 mg	F
01964070	PMS	PMS - Dexamethasone tabs 4.0 mg	F
02222957	APX	APO - Diltiaz SR caps 60 mg	F

02222965	APX	APO - Diltiaz SR caps 90 mg	F
02222973	APX	APO - Diltiaz SR caps 120 mg	F
01954342	PMS	PMS - Yohimbine tabs 5.4 mg	P
02223341	NOP	Novo - Desipramine tabs 10 mg	F
02223325	NOP	Novo - Desipramine tabs 25 mg	F
02223333	NOP	Novo - Desipramine tabs 50 mg	F
02223368	NOP	Novo - Desipramine tabs 75 mg	F
02211971	NXP	NU - Desipramine tabs 100 mg	F
02216280	APX	APO - Desipramine tabs 100 mg	F

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## PHARMACARE NEWSLETTER

November 15, 1996

#96-09a

PLEASE CIRCULATE AMONG DISPENSING STAFF

### Pharmacare Policy Changes

**30 Day Supply** In order to address ongoing concerns expressed by health care professionals and consumers about unnecessary wastage of medication and associated health risks, effective November 18, 1996, Pharmacare coverage will be restricted to a maximum 30 days supply for short term drugs. This policy applies to all Pharmacare plans, except Plan B.

Prescriptions for short term drugs that exceed 30 days supply will adjudicate to \$0.00, with the patient responsible for the entire prescription cost and with no accumulation toward the family's annual expenditure.

Exceptions to this policy will be provided for consumers living in remote areas in B.C. who may be unable to return to their pharmacy within 30 days. An exception may be obtained by the dispensing pharmacist through the HelpDesk. In Vancouver and the Lower Mainland, the number is 682-7120, in Victoria the number is 952-2867. All other areas can call toll-free at 1-800-554-0225.

In addition, Pharmacare is announcing a policy of paying pharmacists to dispense only a 30 day supply for a patient's first prescription for maintenance drugs which are defined as follows:

- a new chemical entity
- change in dosage of same chemical entity (ie. change in
- strength/change in dosing frequency)
- same chemical entity, but therapy was discontinued for a lengthy period of time and then re-started

The BC Pharmacy Association has offered to fax to its members and mail to all non-members, this bulletin plus the list of drugs designated as short term for the purposes of this policy. Those pharmacies that do not have an in-store fax, but wish to have a copy of the list faxed to another location, please contact the HelpDesk. This list is also available on the Pharmacare Bulletin Board, which can be accessed via a computer and modem by dialing (250) 952-2909 (see Newsletter 95-02 for Bulletin Board instructions).

All other drugs not found on this list will be categorized as maintenance medications (which will retain the current 100 days supply maximum after a first time prescription has been tolerated).

A list of the drug categories affected follows on the next page.

**PHARMACARE NEWSLETTER (#96-09a) Page 3**

Please Circulate Among Dispensing Staff**Delistings**

To maximize the effectiveness gained for expenditures and to maintain the viability of our broad coverage programs, a number of cost saving initiatives have been implemented. As a result of an ongoing review of current Pharmacare benefits, several drugs have been identified as having questionable effectiveness or for which there are equally effective lower cost alternative treatments; or which are inconsistent with other payment policies.

Effective November 18, 1996, the following chemical entities will no longer be eligible as Pharmacare benefits for any plans:

**Peripheral Vasodilators**

- Cyclandelate
- Isoxuprine
- Nicotiny alcohol tartarate
- Nylidrin
- Tolazoline

**Non-Steroidal Anti-inflammatories**

- - Ketorolac
  - Nabumetone
  - Naproxen sodium
  - Piroxicam
  - Tenoxicam
  - Tiaprofenic acid
  - Tolmetin (pediatric excluded by special authority)

**Estrogen Patches**

- Estradiol - 17 Beta (Estraderm)

**Analgesics**

- Propoxyphene

**Antibiotics**

- Flucloxacillin

- Pivampicillin
- Bacampicillin

### **Oral Hypoglycemic**

- Glicazide

### **Antihypertensive/Diuretic**

- Bendroflumethiazide/potassium chloride
- Bendroflumethiazide

### **Dementia Therapy**

- Ergoloid Mesylates

### **Vaginal Anti-Fungal Preparations**

- Econazole
- Nystatin
- Terconazole
- Tioconazole

## **PHARMACARE NEWSLETTER**

(#96-09a) Page 4 Please Circulate Among Dispensing Staff

### **Other Pharmacare Initiatives:**

#### **Insulin Pump Syringes**

Effective November 18, 1996, the 3cc syringe used to fill insulin infusion pumps will be a Pharmacare benefit. The PIN to use when submitting claims for this product is 66123471.

#### **Special Authority Changes**

Effective November 18, 1996, the following chemical entities will be available as benefits (for all plans) under the Special Authority Process only:

- Sulindac
- Clarithromycin
- Fluconazole

- Pentazocine

### **Wholesale Upcharge Revision**

Effective January 1, 1997, Pharmacare will lower the maximum recognizable upcharge on wholesale sourced prescription drugs from 9% to 7% above manufacturers' list price.

### **Plan E (Universal Plan)Day Supply Harmonization.**

Effective November 1, 1996, Pharmacare announced a harmonization of its "Days Supply" policy in that the maximum recognizable days supply for Plan E was set at 100 days. This brought Plan E into line with other Pharmacare Plans that have the same limit.

Effective November 18, 1996, Plan E (Universal Plan) clients will also be subject to the same rules regarding 30 days supply for short term drugs and first time prescriptions for maintenance drugs.

Plan E clients who choose to purchase prescriptions in excess of supply limitations must be informed that \$0 (zero dollars) will be accumulated towards their deductible and no reimbursement will be made for these prescriptions.

### **PHARMACARE NEWSLETTER (#96-09a)**

Page 2

#### Please Circulate Among Dispensing Staff

#### **Chemicals Classified as Short Term Therapy**

The following are the categories of drugs that are classified as short term use for the purposes of our 30 Day Supply policy (some exceptions apply). Please refer to the complete list that will be forwarded in the next few days for specific chemical entities.

- Antibiotics
- Antivirals
- Antifungals (excluding griseofulvin)
- Benzodiazepines (excluding clobazam & clonazepam)
- Narcotic analgesics
- Barbiturates
- Sedatives/Hypnotics
- Antidiarrheal agents
- Ophthalmic anti-inflammatories
- Muscle relaxants
- Acute migraine therapy

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PHARMACARE NEWSLETTER *February 26, 1997*  
#97-01

PHARMACARE NEWSLETTER Please Circulate Among Dispensing Staff

NEW DIRECTOR OF PHARMACARE Effective December 10, 1996, Anne McFarlane became the Director of Pharmacare.

Arimidex Treatment of metastatic breast cancer in post-menopausal women. As this product falls directly under the mandate of the British Columbia Cancer Agency (BCCA), it will not be included as a Pharmacare benefit.

Prandase (acarbose) Effective December 16, 1996, Prandase (acarbose) will be eligible for coverage on a prior approval special authority basis only. Prandase will be covered as a second line treatment for NIDDM patients who have failed on, or are intolerant to, other oral hypoglycemics (ie. sulfonyureas and biguanides). Following is a reminder of the procedures to be followed regarding Electronic Funds Transfer.

Electronic Funds Transfer (EFT) - Direct Deposit Pharmacies/Suppliers may request that payment be deposited electronically into a designated bank account by submitting a Direct Deposit Application form to:

PHARMACARE,  
PO Box 3003,  
Victoria, BC  
V8W 3L4

Please contact this office if you require a form. Direct Deposit application forms must also be completed if:

- 1. The pharmacy/supplier wishes to cancel the EFT payment and revert to cheques.
- 2. There is a change to their bank account.
- 3. Any other information about the EFT bank transaction changes.

The first electronic deposit or bank account change will be made approximately 3 to 4 weeks from receipt of the application form by Pharmacare. If for any reason, the payment cannot be deposited to the bank account which is on file at Pharmacare, the funds will be returned to the Ministry of Finance. A manual payment would then have to be processed which could delay receiving funds by as much as a month.

Pharmacies/Suppliers should notify Pharmacare at least 4 weeks in

advance of any changes to the EFT bank account information to ensure that payments will not be interrupted. Do not close out the current bank account prior to EFT payments being deposited to the new account.

**DILTIAZEM SR/CD / VERAPAMIL SR** Due to supply problems of generic diltiazem SR and CD in January, the brand name Cardizem<sup>7</sup> has been made a full benefit for Plan B through to March 31, 1997. This is to assist the long term care pharmacist in depleting stock that was prepared in blister packs during the shortage period. Diltiazem SR/CD and Verapamil SR have been included in the Low Cost Alternative drug program, *not* RBP. For your information Alti-Diltiazem CD, Novo-diltiazem SR, and Gen-verapamil SR are all cross-licensed products. This means that the brand name manufacturer has a cross-license agreement with a generic company to market the brand name product under a Ageneric@ name. As these products are exactly the same as their brand name counterparts, Pharmacare will not provide special authorizations for brand name Cardizem<sup>7</sup> or Isoptin<sup>7</sup>.

**PHYSICIAN EXEMPTIONS** The following groups of physicians have been exempted from the special authority process for:  
Clarithromycin

- - Infectious disease specialists;
- - Gastroenterologists/Endoscopists;
- - Respirologists

#### FLUCONAZOL

- - Infectious disease specialists;
- - Physicians at the bone marrow transplant unit at VH; and
- - Physicians specializing in the treatment of HIV/AIDS patients.

**NSAID DELISTING UPDATE** As you are aware Reference-Based Pricing (RBP) for NSAIDS was implemented in the fall of 1995. Within the RBP policy, Pharmacare provided partial or full coverage for 18 different NSAIDS. While RBP has been very successful, many special authority requests were received for the more expensive agents when only one other product had been tried. There are few clinical trials that have compared the relative efficacy of these agents and these trials have not found any substantial differences in the responses to equivalent doses of NSAIDS. The cost of 4 weeks therapy with an NSAID ranges greatly from as low as \$4.00 for generic naproxen to as high as \$84 for nabumetone. Considering this huge variation in cost with little documented difference in efficacy between the numerous agents available, Pharmacare was not in a position to continue to routinely fund the more costly preparations. Thus effective November 18, 1996, pharmacists were notified that ketorolac, nabumetone, naproxen sodium,

piroxicam, tenoxicam, tiaprofenic acid and tolmetin were delisted and coverage of sulindac was restricted. Further to feedback received from physicians, pharmacists, and the Arthritis Society, the coverage of these products has been modified as follows:

RBP Step 1: Drugs requiring no authorization (reference products)

- - enteric coated ASA, ibuprofen, naproxen

Step 2: Drugs requiring special authorization

- - diclofenac, diclofenac/misoprostol 50/200, diflunisal, fenoprofen, flurbiprofen, indomethacin, ketoprofen, or salsalate.

RESTRICTED Drugs requiring special authorization Step 3:

- - nabumetone, piroxicam, tenoxicam, tiaprofenic acid, tolmetin and sulindac will only be considered if several of the other 11 NSAIDS available through RBP have not been effective or tolerated. Patients currently on one of the above listed medications (Step 1 - Step 3), who have a diagnosis of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, collagen vascular disease or gout, will be exempt. The physician is asked to specify the diagnosis on the special authority form. Prescriptions written by rheumatologists for the regular release forms of the above listed NSAID=S are exempt from the special authority process. Please note that ketorolac, naproxen sodium, diclofenac rapide and etodolac remain as non-benefits and are not eligible for special authorization.

SPECIAL AUTHORITY PROCESS We wish to provide clarification of the prioritization of special authorization requests. Category 1 Requests processed usually within one - two working days:

- - restricted narcotic pain management medications for cancer/palliative care patients as identified by the physician (eg. Duragesic patches, Hydromorph contin)
- - restricted anti-infectives (eg. clarithromycin, fluconazole)
- - benzydamine oral rinse for cancer/immunocompromised patients
- - proton pump inhibitor/clarithromycin for H. Pylori eradication.

Category 2 Requests processed usually within two - three working days:

- - all RBP requests: H2 antagonists, Nitrates, NSAID=S and antihypertensives (included in RBP)

Category 3 Requests processed usually within a two week period:

- - all other restricted medications (eg.: restricted NSAIDS, losartan, alendronate, cyclosporin, interferon, gliclazide, propoxyphene, pentazocine, salmeterol, itraconazole, topical vitamin A preparations, sumatriptan injectable, terbinafine, and methotrexate injection)

Requests requiring clarification or additional information may take longer

to process than the above guidelines. Each request is assessed on an individual basis, based upon the information provided by the physician. However, please note that not all medications are eligible for coverage through the special authorization process. Generally, special authorization approval *would not* be provided for the following drugs and we would request that pharmacists not encourage physicians and/or patients to apply.

- - investigational drugs
- - drugs available without a prescription
- - drugs used in non-approved indications, or as part of a clinical trial
- - drugs used for cosmetic purposes
- - smoking cessation aids
- - diet therapy
- - new drugs currently under review by Pharmacare
- - brand name drugs where a cross-licensed Ageneric® is available

Confirmations Responses faxed/mailed to physician's office:

- - RBP rejections
- - RBP approvals of less than one year duration
- - RBP approvals of one year or greater only upon request from the physician

Responses mailed to physician's office  
- NON-RBP rejections/approvals

#### Approval Time Frames

Some RBP special authorization approvals are now being provided for greater than one year's duration. If sufficient information is provided from the physician, approvals are being authorized for an indefinite time frame (ie. open ended).

Pharmacare Submission Review Process For New Drugs  
All new drugs introduced in British Columbia are subject to Pharmacare's Drug Submissions Review Process. Drug manufacturers are required to apply to Pharmacare for possible inclusion of their new drug as a Pharmacare benefit. The review process includes the consideration of therapeutic and pharmacoeconomic evaluations conducted by the Therapeutics Initiative and Pharmacoeconomics Initiatives, respectively.

Routinely a new drug is approved for sale in Canada and available on the market for several months before a submission is forwarded to Pharmacare. Once a submission is received, this process may take several months to complete. Special authorizations are never provided while the drug is under review. Once the review is completed, notification of the benefit status is communicated to all pharmacies via the Pharmacare newsletter. If a drug is determined to be an eligible benefit,

coverage is effective from the date of approval, and is subject to the usual Pharmacare payment rules. Retroactive coverage is not provided for any prescriptions purchased prior to approval.

#### NEW BENEFITS:

The following new drugs have been included as Pharmacare benefits on Plans A, B, C, E and F

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM
02229654	ICN	Nitrazadon tabs 5mg	Y	
02229655	ICN	Nitrazadon tabs 10 mg	Y	
02229569	NXP	NU-Mefenamic Acid caps 250 mg	Y	
02229452	APX	APO-Mefenamic Acid caps 250 mg	Y	
02226839	GAC	Metrocream 0.75%	Y	
02225905	ZEN	Zoladex inj. depot 10.8 mg/depot		Y
02211165	RHO	Rho-Fluphenazine Deconoate inj 100 mg/ml		Y
02152568	KNR	Kenral-Orciprenal syrup 2 mg/ml		Y
02229785	APX	APO-Metformin tabs 850 mg		Y
02225883	SIL	Propanolol HCl vial 1 mg/ml		Y
00874582	SIL	Dexamethasone Sod Phosph Inj 10 mg/ml USP		Y
02230104	PMS	PMS - Flutamide tabs 250 mg		Y
02200104	KCP	Creon 10 caps		Y
02230090	APX	APO-Pentoxifyline SR tabs 400mg		Y
02230263	APX	APO-Cefaclor caps 250mg	Y	
02230264	APX	APO-Cefaclor caps 500mg	Y	
02185830	PMS	PMS-Cefaclor caps 250mg	Y	
02185849	PMS	PMS-Cefaclor caps 500mg	Y	
02229780	GEN	Gen-Sotalol tabs 240mg		Y
02230454	APX	APO-Bromocriptine caps 5mg		Y

The following new drugs have been included as  
Pharmacare benefits on Plans C, E and F only:

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM
02229692	LIL	Humatrope vial 6.7mg		Y
02229693	LIL	Humatrope vial 13.3mg		Y
02229694	LIL	Humatrope vial 26.6mg		Y

NEW PRODUCTS CATEGORIZED TO LCA/RBP

CDIC	MAN	DRUG NAME	LCA	RBP	SHORT TERM	LONG TERM
02218305	NXP	NU-Ketotifen syrup 1 mg / 5 ml	F			Y
02229455	PMS	PMS-Temazepam caps 15 mg	F		Y	
02229456	PMS	PMS-Temazepam caps 30 mg	F		Y	
02217481	APX	APO-Lisinopril tabs 5 mg		P		Y
02217414	TCH	DEPROIC caps 250 mg	F			
00422975	TCH	Methylphenidate tabs 10 mg	F			Y
00422983	TCH	Methylphenidate tabs 20 mg	F			Y
02211157	RHO	Rho-Fluphenazine Deconoate inj 25 mg/ml	F			Y
02229516	ICN	Glycon tabs 500 mg	F			Y
02229781	ALTIMED	Alti-Diltiazem CD caps 120 mg	F			Y
02229782	ALTIMED	Alti-Diltiazem CD caps 180 mg	F			Y
02229783	ALTIMED	Alti-Diltiazem CD caps 240 mg	F			Y
02229784	ALTIMED	Alti-Diltiazem CD caps 300 mg	F			Y
02229707	ALTIMED	Alti-Acyclovir tabs	F			Y

		200 mg				
02229708	ALTIMED	Alti-Acyclovir tabs 400 mg	F			Y
02229709	ALTIMED	Alti-Acyclovir tabs 800 mg	F			Y
02229778	GPM	Gen-Sotalol tabs 80 mg	F			Y
02229779	GPM	Gen-Sotalol tabs 160 mg	F			Y
02229315	YMG	Scheinpharm Desonide crm 0.05%	F			Y
02229323	YMG	Scheinpharm Desonide oint 0.05%	F			Y
02229406	NOP	NOVO-Diltazem SR caps 60 mg	F			Y
02229407	NOP	NOVO-Diltazem SR caps 90 mg	F			Y
02229408	NOP	NOVO-Diltazem SR caps 120 mg	F			Y
02204541	ROP	Rhodacine caps 25 mg		P		Y
02204568	ROP	Rhodacine caps 50 mg		P		Y
02228351	PMS	PMS-Loperamide caps 2 mg	F		Y	
02220067	ABT	Albert Oxybutyn tabs 5 mg	F			Y
02143364	TCH	Indotec caps 25 mg		P		Y
02143372	TCH	Indotec caps 50 mg		P		Y
02218321	NOP	Novo-Valproic caps 500 mg	F			Y
02221284	NOP	Novo-Medrone tabs 2.5 mg	F			Y
02221292	NOP	Novo-Medrone tabs 5 mg	F			Y
02221306	NOP	Novo-Medrone tabs 10 mg	F			Y
02229628	PMS	PMS - Valproic Acid caps e.c. 500 mg	F			Y
02230476	GPM	Gen-Fibro tabs 600mg	F			Y
02185407	GPM	Gen-Fibro caps	F			Y

		300mg				
02229936	NOP	Novo-Baclofen tabs 10mg	F			Y
02229937	NOP	Novo-Baclofen tabs 20mg	F			Y

## NON-BENEFITS

The following products are non-benefits for all Pharmacare Plans.

CDIC	MAN	DRUG NAME
02185881	SMJ	Kytril tabs 1mg
02229777	PMS	PMS-Benzydamine 0.15% soln
02229731	CYI	Orphenarine Citrate Inj 30mg/ml



Last Revised: July 21, 2005







## PHARMACARE NEWSLETTER

*April 10, 1997*

*#97-02*

### NEW DRUG REVIEWS:

Codeine Contin tablets, DDAVP tablets The review of these new products has now been completed. DDAVP tablets and Codeine Contin tablets will be eligible for coverage on a case by case prior approval basis only on receipt of a written request from the prescribing physician based on the following:

Codeine Contin (sustained release) tablets: - pain management in cancer and palliative care patients who experience treatment failure or intolerance to other narcotic analgesics including the regular release dosage form of codeine.

DDAVP (desmopressin) tablets: - for patients with diabetes insipidus

Prostaglandin As you are aware, coverage for prostaglandin is provided on a special approval basis for erection dysfunction that occurs as a result of vascular or neurological damage that precludes adequate filling of the sinusoidal spaces.

It is our understanding that when Pharmacia/Upjohn launched their new prostaglandin product, Caverject7, they discontinued distribution of Prostin7 VR to community pharmacies.

As a result, effective immediately coverage for prostaglandin will be limited to preparations compounded using prostaglandin E powder. The submission for Caverject is currently under review and until the review is complete Caverject is not eligible for coverage as either a single entity or compounded preparation.

All claims for prostaglandin should be submitted using the PIN #66123910. Pharmacare will recover all costs associated with any ineligible claims that may have been inadvertently processed for payment. Please ensure all claims conform to Pharmacare's eligibility criteria. Should you have any questions we encourage you to contact Pharmacare for clarification.

Olanzapine and Risperidone Effective April 8, 1997 olanzapine and risperidone will be eligible for coverage under the special authorization

process. The clinical indications acceptable for approval of special authorization are as follows:

- 1. Treatment failure on one first line
  - neuroleptic
- 2. Intolerable extra pyramidal side effects
  - unresponsive to one course of any anti-Parkinsonian agent
- 3. Acute dystonic reaction to any first-line
  - neuroleptic
- 4. Any other idiosyncratic reaction to
  - first line drugs.

All patients who had a prescription for either olanzapine or risperidone dated April 8, 1997 or earlier will be grand parented and will not require a special authority form.

ILE-SORB This ileostomy product by Convatec is not a Pharmacare benefit. Please do not submit claims to Pharmacare for this product nor issue Official Pharmacare Receipts.

Antihypertensive Grace Period We wish to advise you that the 2 week authorization for non reference antihypertensive medications provided through the PharmaNet HelpDesk will expire April 30, 1997. Pharmacare clients presenting with a prescription for a non-reference product and wishing full coverage will have the option of changing to the reference product, paying the difference in cost or have their physician apply for special authorization.

**NEW PRODUCTS CATEGORIZED TO LCA and/or RBP *Benefit Groups A,B,C,E, & F***

CDIC	MAN	DRUG NAME	LCA	RBP	Short Term	Long Term
2230284	ICN	Trazorel tabs 50mg	F			Y
2230285	ICN	Trazorel tabs 100mg	F			Y
2230286	ICN	Trazorel tabs 150mg	F			Y
2230366	ICN	Clonapam tabs 0.5mg	F			Y
2230368	ICN	Clonapam tabs 1.0mg	F			Y
2230369	ICN	Clonapam tabs 2.0mg	F			Y
2230361	ICN	Norventyl caps 10mg	F			Y

2230362	ICN	Norventyl caps 25mg	F			Y
2230641	APX	Apo-Selegiline tabs 5mg	F			Y
2220172	APX	Apo-Lovastatin tabs 20mg	F			Y
2220180	APX	Apo-Lovastatin tabs 40mg	F			Y
2229556	YMG	Scheinpharm Pilocarpine ophth soln 1%	F			Y
2229555	YMG	Scheinpharm Pilocarpine ophth soln 2%	F			Y
2229554	YMG	Scheinpharm Pilocarpine ophth soln 4%	F			Y
2230183	PMS	PMS-Gemfibrozil tabs 600mg	F			Y
2230584	NOP	Novo-Bromazepam tabs 3mg	F		Y	
2230585	NOP	Novo-Bromazepam tabs 6mg	F		Y	
2229838	GPM	Gen-Medroxy tabs 2.5mg	F			Y
2229839	GPM	Gen-Medroxy tabs 5mg	F			Y
2229840	GPM	Gen-Medroxy tabs 10mg	F			Y

#### NEW BENEFITS

The following new drugs have been included as Pharmacare eligible benefits on Plans A, B, C, E and F

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM
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2187574	PMS	Levo-T tabs 0.025mg		Y
2187582	PMS	Levo-T tabs 0.05mg		Y
2187590	PMS	Levo-T tabs 0.075mg		Y
2187604	PMS	Levo-T tabs 0.1mg		Y
2187612	PMS	Levo-T tabs 0.125mg		Y
2187620	PMS	Levo-T tabs 0.15mg		Y
2187639	PMS	Levo-T tabs 0.2mg		Y
2187647	PMS	Levo-T tabs 0.3mg		Y
2194341	LEO	Dovonex scalp soln 0.005%		Y
2230248	TPA	Lupron Depot 22.5mg vial		Y
2222574	PMS	Ferrous Sulfate 75mg/ml DP		Y
2219476	TCH	Monazole vag crm 2%	Y	
2230239	YMG	Pilocarpine soln 6%		Y
2229972	YMG	B12 1,000 mcg/ml		Y
2220318	YMG	Testone-CYP		Y
2221780	SIL	Infufer 50mg/ml		Y

#### NEW BENEFITS

The following new drugs have been included as  
Pharmacare eligible benefits on Plan B only

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM
2227908	YMG	Scheinpharm Artificial Tears		Y
2227916	YMG	Scheinpharm Artificial Tears Plus		Y

NEW PRODUCTS CATEGORIZED TO LCA and/or RBP  
Benefit Groups A,B,C,E & F and subject to trial

CDIC	MAN	DRUG NAME	LCA	RBP	Short Term	Long Term
2230997	APO	Apo-Diltiaz CD caps 120mg	F			Y
2230998	APO	Apo-Diltiaz CD caps 180mg	F			Y
2230999	APO	Apo-Diltiaz CD caps 240mg	F			Y

#### RESTRICTED BENEFITS

The following products are eligible for coverage under special authorization only

CDIC	MAN	DRUG NAME	Short Term	Long Term	Exemptions
2229777	PM	PMS-Benmzydamine soln 0.15%		Y	
2229799	NOP	Novo-Benzydamine soln 0.15%		Y	
2230661	APX	Apo-Tenoxicam 20 mg		Y	Rheumatologist

#### NON BENEFITS

The following products are non-benefits for all Pharmacare Plans and are not eligible for special authority

CDIC	MAN	DRUG NAME
2148749	GAC	Differin Gel 0.1%
2129035	JOU	Demadex Tabs 100mg
2129027	JOU	Demadex Tabs 20mg
2129019	JOU	Demadex Tabs 10mg

2129000	JOU	Demadex Tabs 5 mg
2202484	PFR	Oxycontin 80mg
2202476	PFR	Oxycontin 40 mg
2202441	PFR	Oxycontin 10 mg
2202468	PFR	Oxycontin 20 mg
2209071	ALL	Probeta



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

July 9, 1997

### NITOMAN

Nitoman has been approved as a restricted Pharmacare benefit under special authority (including Plan G) for the treatment of rare hyperkinetic movement disorders such as Huntington's Chorea, hemiballismus, Senile Chorea, TIC and Gille's de la Tourette Syndrome and Tardive Dyskinesia.

### HYZAAR

Hyzaar (losartan 50mg/hydrochlorthiazide 12.5mg) has been approved as a restricted Pharmacare benefit under special authority, with similar criteria as for Cozaar (losartan): for treatment of hypertension for patients who have experienced an intractable cough with ACE inhibitors that also require a diuretic.

### CASODEX

Casodex (bicalutamide 50mg tablets), for prostate cancer will NOT be added as benefit. However, this new oral antiandrogen is available through the B.C. Cancer Agency.

### TRUSOPT

Trusopt (dorzolamide) ophthalmic solution, has been approved as a RESTRICTED BENEFIT under special authority for the treatment of elevated intra ocular pressure in patients with ocular hypertension and open-angle glaucoma based on the follow guidelines: as adjunct therapy of elevated intra ocular pressure in patients who cannot tolerate or are unresponsive to topical pilocarpine therapy for the treatment of intra ocular pressure in patients who cannot tolerate, or in whom an ophthalmic beta-blocking agent is contraindicated.

### NEW BENEFITS:

The following new drugs have been included as Pharmacare eligible benefits on Plans A, B, C, E and F

<u>CDIC</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2230418	GLA	Imitrex nasal spray 5mg	Y		
2230420	GLA	Imitrex nasal spray 20mg	Y		

2230893	JAN	Topamax tabs 25mg		Y	
2230894	JAN	Topamax tabs 100mg		Y	
2230896	JAN	Topamax tabs 200mg		Y	
2231491	GEN	Gen-Azathioprine tabs 50mg		Y	
2218453	UNK	Alti-Fluvoxamine tabs 50mg		Y	
2218461	UNK	Alti-Fluvoxamine tabs 100mg		Y	
2219492	BWE	Valtrex caplets 500mg		Y	
2230359	NOP	Novo-Mexiletine caps 100mg		Y	
2230360	NOP	Novo-Mexiletine caps 200mg		Y	
2229540	SIL	Triamcinolone Acetonide inj 10mg/ml		Y	
2229550	SIL	Triamcinolone Acetonide inj 40mg/ml		Y	
2230386	SIL	Cortimyxin OTIC sol	Y		
2230202	PMS	PMS-Tryptophan tabs 1g		Y	
2216159	PMS	PMS-Lithium Carbonate caps 600mg		Y	Y
2230089	NOP	Novo-Flutamide tabs 250mg		Y	
2229656	GPM	Gen-Metformin tabs 850mg		Y	



1968432	ABT	Pentoxifylline SR tabs 400mg		Y	
2228947	SAN	Migranal nasal spray 4mg/ml	Y		
2184435	KNO	Kadian SR caps 20mg		Y	
2184443	KNO	Kadian SR caps 50mg		Y	
2184451	KNO	Kadian SR caps 100mg		Y	
2229813	GPM	Gen-Alprazolam tabs 1mg		Y	Y
2229814	GPM	Gen-Alprozolam tabs 2mg		Y	Y
2230648	GPM	Gen-Budesonide AQ nasal spray 100mcg		Y	
2230433	PMS	PMS-Metoclopramide sol 1mg/ml		Y	
2231034	ICN	Bustab (buspirone) tabs 5mg	Y		
2230891	ICN	C.E.S. tabs 0.3mg		Y	
2230892	ICN	C.E.S. tabs 0.9mg		Y	
2230640	YMG	Tobramycin liquid 40mg/ml		Y	
2230651	ICN	Rylosol tabs 240mg		Y	

NEW PRODUCTS CATEGORIZED TO LCA and/or RBP  
Benefit Groups A, B, C, E, & F

CDIC	MAN	DRUG NAME	LCA	RBP	SHORT TERM	LONG TERM

2231089	APX	Apo-Oxybutynin syrup 1mg/ml	F			Y
2230800	GPM	Gen-Oxybutynin tabs 5mg	F			Y
2168952	PMS	PMS-Desipramine tabs 100mg	F			Y
2221330	APX	Apo-Ketofifen syrup 1mg/5ml	F			Y
2231036	GPM	Gen-Selegiline tabs 5mg	F			Y
2212935	UNK	Erythromycin opth oint 0.5%	F		Y	
2229440	SIL	Gentamicin sulf ophth sol 0.3%	F		Y	
2230432	PMS	PMS-Metoclopramide tabs 10mg	F			Y
2229837	SEA	Arthrotec-75 tabs .2mg		P		Y
2230950	GPM	Gen-Clonazepam tabs 0.5mg	F			Y
2230951	GPM	Gen-Clonazepam tabs 2mg	F			Y
2230874	GPM	Gen-Buspirone tabs 10mg	F		Y	
2231035	ICN	Bustab (buspirone) tabs 10mg	F		Y	
2231353	GPM	Gen-Cycloprine tabs 10mg	F		Y	
2230649	ICN	Rylosol tabs 80mg	F			Y

2230651	ICN	Rylosol tabs 160mg	F			Y
2230394	NOP	Novo-Oxybutynin tabs 5mg	F			Y
2230095	NOP	Novo-Temazepam capsules 15mg	F		Y	
2230102	NOP	Novo-Temazepam capsules 300mg	F		Y	

#### NON BENEFITS

The following new products are non-benefits for all Pharmacare Plans and are not eligible for special authority

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
2229704	LIL	Humalog vial 100 u/ml
2229705	LIL	Humalog cartridge 150 unit
2229863	LIL	Dynabac tabs 250mg
2184478	ZEN	Casodex tabs 50mg
2215748	UPJ	Caverject ICV Kit 10mcg/vial



Last Revised: July 21, 2005



PHARMACARE NEWSLETTER

August 8, 1997  
97-04

PLEASE CIRCULATE AMONG DISPENSING STAFF

INSULIN FEE

Effective August 15, 1997, Pharmacare will no longer provide payment of a 50 cent handling fee on insulin claims. Payment at the retail price will continue. This change will make Pharmacare payment for insulin consistent for all plans with other products reimbursed at the retail price. Effective August 10, 1997, a new release of PharmaNet was installed. Previously when PharmaNet processed a prescription that exceeded the days supply limit, the entire claim adjudicated to zero with a response code of '59-days supply error'. As of August 10, the same claim does not adjudicate to zero. Pharmacare now accepts a prorated amount of the prescription based on the allowable days supply. The allowable days supply is based on either a Special Authority, the maximum allowed for a Plan; or, the maximum allowed for the DIN. For these situations, an 'EH-claim cost reduced to days supply limit' response code will be issued. (Note: the 14-day supply limit on Trial prescriptions remains in effect.)

Example:

Prescription Claim	Limit	Accepted	Not Accepted
40 days	30 days	30 days	10 days
80 quantity		60 quantity	20 quantity
\$40.00		\$30.00	\$10.00

The new release will also improve processing of Trial Prescriptions (intervention code MT) claims when a person is on a plan where trials are not eligible. In these circumstances the claim will adjudicate to zero with a response code of '65-intervention/exception code error'. The claim should be reversed and resubmitted without the MT intervention code.

See PharmaNet Bulletin 97:006 for complete details of these new edits as well as additional enhancements to the new release of PharmaNet. [COREG](#)

COREG has been approved as a restricted benefit under the special authority process, and funding will be restricted for the treatment of stable symptomatic congestive heart failure (CHF) in patients with NYHA Class II

and III, taking diuretics and angiotensin converting enzyme inhibitors, with or without digoxin.

#### RESTRICTED PROGRAM FOR ABUSERS... PLAN A, C AND E+\$600 UPDATE

In the last year, Social Services stopped acting as a liaison with the Plan C clients who were abusing Pharmacare and consequently

had new restrictions placed on them for one pharmacy and physician. The Social Worker assisted in obtaining the client's choice of pharmacy and physician. Since then the only restrictions placed were from Doctor's recommendations.

Beginning in July '97, Pharmacare is again placing restrictions on PHNs who are abusing as indicated on the system generated Abuser Report.

#### RESTRICTED PROGRAM (cont'd)

This is the process: a PHN is identified from the Abuser Report to have used at least 2 pharmacies, 2 physicians, 15 prescriptions, and 4 CDICs in the previous month. Detail of the PHN's prescriptions for the past year is used to tabulate the yearly number of pharmacies and doctors. Next the PHN detail is evaluated by a Pharmacare pharmacist for abusive drugs and drug patterns and a recommendation is made whether to restrict. The clients who are to be restricted have a PNP Restricted Access placed on the PHN, which invalidates the PHN for Pharmacare benefits until the choice of pharmacy and physician are added to the electronic file.

When a pharmacist puts the newly restricted PHN into PharmaNet the message "pharmacy not authorized" will return. IF the client is unaware they are restricted the pharmacist should phone the Help Desk. (If they know they are restricted send them to their restricted pharmacy). After hours, the Help Desk will enter a one day change if it is a PNP

restricted access on the PHN. Preferably the one day change is for the pharmacy and doctor the person will be seeing permanently. The pharmacist should phone back during the weekdays to have a permanent change made to the PHN, which would restrict the person to their pharmacy. Weekdays the change can be made with one phone call to the Help Desk and a transfer to the person doing changes for the restricted program.

Adding the pharmacy and physician to the electronic file validates the PHN and Pharmacare will pay for prescriptions written by the doctor and dispensed at the restricted pharmacy. The pharmacist may have to explain the restricted program to the client.

Restrictions may still be placed from Doctor recommendations. Pharmacists, social workers, mental health teams and the PharmaNet Help Desk can also phone with tips about abusive PHNs which will initiate an investigation. In these situations there is a contact to assist in determining the clients choice of pharmacy and physician.

## NEW BENEFITS

*The following new drugs have been included  
as Pharmacare eligible benefits on Plans A, B, C, E and F*

<u>CDIC</u>	<u>MAN</u>	<u>Drug Name</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
02231015	NOP	Novo-Furantoin caps 50mg		Y	
02231016	NOP	Novo-Furantoin caps 100mg		Y	
02230837	PMS	PMS-Loxapine tabs 5mg		Y	Y
02230838	PMS	PMS-Loxapine tabs 10mg		Y	Y
02230839	PMS	PMS-Loxapine tabs 25mg		Y	Y
02230840	PMS	PMS-Loxapine tabs 50mg		Y	Y
02231328	APO	APO-Fluoxetine soln 20mg/5ml		Y	Y
02231431	APO	APO-Cromolyn sterules 1%		Y	
02230941	PMS	PMS-Buspirone tabs 5mg	Y		Y
02229639	GLA	Zofran oral solution 4mg/5ml	Y		
02229874	MPQ	Scabene aerosol	Y		
02229099	AST	Pulmicort Nebuamp 0.125mg/ml		Y	

## NEW PRODUCTS CATEGORIZED TO LCA and/or RBP

Benefit Groups A, B, C, E, & F

<u>CDIC</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RBP</u>	<u>Short Term</u>	<u>Long Term</u>
02231615	GPM	Gen Temazepam caps 15mg	F			Y
02231616	GPM	Gen Temazepam caps 30mg	F			Y
2230003	UNK	Ranitidine tabs 150mg		P		
2230004	UNK	Ranitidine tabs 300mg		P		
02230036	UNK	Glyburide tabs 2.5mg	F			Y
02230037	UNK	Glyburide tabs 5mg	F			Y
02230026	UNK	Metformin tabs 500mg	F			Y
02230033	UNK	Baclofen tabs 10mg	F			Y
02230034	UNK	Baclofen tabs 20mg	F			Y
02231488	APO	APO-Salvent Sterules 1mg/ml	F			Y
02231678	APO	APO-Salvent Sterules 2mg/ml	F			Y
02230942	PMS	PMS-Buspirone tabs 10mg	F		Y	
02230707	PMS	PMS-Haolperidol-LA Inj. 50mg	F			Y
02230708	PMS	PMS-Haolperidol-LA Inj. 100mg	F			Y
02230073	UNK	Clobetasol scalp lotion 0.05%	F			Y
02230072	UNK	Clobetasol ointment 0.05%	F			Y
02230071	UNK	Clobetasol cream 0.05%	F			Y
02229998	UNK	Beclomethasone aqueous spray 50mcg	F			Y
02230024	UNK	Triazolam tabs 0.125mg	F		Y	
02230025	UNK	Triazolam tabs 0.25mg	F		Y	

02230447	YMG	Clotrimazole topical cream 1%	F		Y	
02231430	TCH	Asmavent soln 1mg/ml	F			Y
02230074	UNK	Alprazolam tabs 0.25mg	F			Y
02230075	UNK	Alprazolam tabs 0.5mg	F			Y
02230063	UNK	Clomipramine tabs 10mg	F			Y
02230064	UNK	Clomipramine tabs 25mg	F			Y
02230065	UNK	Clomipramine tabs 50mg	F			Y
02230031	UNK	Diltiazem tabs 30mg	F			Y
02230032	UNK	Diltiazem tabs 60mg	F			Y
02230076	UNK	Atenolol tabs 50mg	F			Y
02230077	UNK	Atenolol tabs 100mg	F			Y

**\*\* PLEASE NOTE:** The manufacturer code "UNK" in the above table refers to the manufacturer

Prempharm.

### RESTRICTED BENEFITS

The following products are eligible for coverage under special authority only.

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>
2230170	UNK	Alti-Benzydamine solution 0.15%		Y



**\*\* PLEASE NOTE:** The manufacturer code "UNK" in the above table refers to the manufacturer



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

*September 18, 1997*  
*97-05*

### PLEASE CIRCULATE AMONG DISPENSING STAFF

#### Note to Pharmacists

Please note that Gen Temazepam (DINs 2231615 & 2231616) is denoted as short term, not long term, as stated in the last newsletter. Northwest Drug's Enterprise Initiative We understand that under its "Operation Enterprise" program, Northwest Drug may be offering to pay \$0.70 for every prescription dispensed by pharmacies electing to purchase supplies from the company.

Managers of pharmacies doing business with Northwest Drug under this arrangement should be aware that, per the Participation Agreement with Pharmacare, they must ensure that amounts billed Pharmacare take these payments into account.

Naturally, the same precautions should be undertaken with regard to similar discount or incentive schemes offered by other suppliers.

#### Fenfluramine

Following Health Canada's recent announcement warning consumers not to use appetite suppressants containing fenfluramine (Ponderal, Ponderal Pacaps, Pondimin), the manufacturers of fenfluramine products have voluntarily withdrawn these products for sale in the US and Canada as of Monday September 15, 1997. This voluntary recall was prompted by the high incidence of serious heart valve disease recently observed in patients in the US and associated with the use of these appetite suppressants.

Effective immediately, these products will no longer be available as eligible Pharmacare benefits through the special authority process.

**NEW BENEFITS:** The following new drugs have been included as Pharmacare eligible benefits on Plans A, B, C, E and F

CDIC	MAN	DRUG NAME	Short Term	Long Term
2230730	NOP	Novo-Ketotifen tabs 1mg		Y
2230475	NOP	Novo-Metformin tabs 850mg		

NEW PRODUCTS CATEGORIZED TO LCA and/or RDP  
Benefit Groups A, B, C, E, & F

CDIC	MAN	DRUG NAME	LCA	RDP	Short Term	Long Term	Eligible for Plan G
2207621	APX	Apo-Acyclovir tabs 200mg	F			Y	
2207648	APX	Apo-Acyclovir tabs 400mg	F			Y	
2207656	APX	Apo-Acyclovir tabs 800mg	F			Y	
2230256	NOP	Novo-Clozapine tabs 10mg	F			Y	Y
2231390	APX	Apo-Cromolyn Nasal Spray 2%				Y	
2231181	NOP	Novo-Sotalol tabs 80mg	F			Y	
2231182	NOP	Novo-Sotalol tabs 160mg	F			Y	
2230768	PMS	PMS-Valproic Acid caps 250mg	F			Y	



Last Revised: July 21, 2005





## Pharmacare Newsletter

November 14, 1997  
97-06

### Expansion of Cyclosporin Coverage For Rheumatoid Arthritis Patients:

As you may be aware, the Honourable Joy K. MacPhail, Minister of Health and Minister Responsible for Seniors, recently announced the expansion of cyclosporin coverage for rheumatoid arthritis patients.

This expansion enables all rheumatologists throughout the province to be eligible to obtain Pharmacare coverage for cyclosporin for their patients. Prior to this expansion, Pharmacare coverage of cyclosporin for rheumatoid arthritis had previously only been available for patients prescribed the drug through the Cyclosporin Clinic in Vancouver. This will ensure cyclosporin treatment is more accessible for arthritis patients throughout the province.

In collaboration with the Cyclosporin Clinic in Vancouver, Pharmacare developed a Cyclosporin Coverage Form to streamline the approval process. These forms have been sent to all the rheumatologists in the province. A copy is attached to this newsletter for your information.

It is important to note that approval is subject to the usual and customary eligibility and deductible criteria; special authorization makes the drug an eligible benefit for an individual patient, but does not imply 100% coverage.

### TIAZAC (diltiazem)

Tiazac is a new dosage form of diltiazem CD that allows for once daily dosing. Tiazac has a unique pharmacokinetic profile and is NOT considered interchangeable with other diltiazem controlled-delivery products that are currently interchangeable in British Columbia.

*Caution should be exercised when switching patients due to varying blood levels of diltiazem.*

### FEMARA (letrozole) Tablets

As this product falls directly under the mandate of British Columbia Cancer Agency, Pharmacare will not be including Femara as a benefit. Femara is not eligible for Pharmacare reimbursement.

### NEW BENEFITS

The following new drugs have been included  
as Pharmacare eligible benefits on Plans A, B, C, E and F

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CDIC	MAN	DRUG NAME	Short Term	Long Term	Eligible for Plan G
2231135	PMS	PMS-Ipratropium sol 0.125mg/ml		Y	
2218410	UNK	Alti-Moclobemide tabs 150mg (Altimed)		Y	Y
2231150	CRY	Tiazac SA caps 120mg		Y	
2231151	CRY	Tiazac SA caps 180mg		Y	
2231152	CRY	Tiazac SA caps 240mg		Y	
2231154	CRY	Tiazac SA caps 300mg		Y	
2231155	CRY	Tiazac SA caps 360mg		Y	
2230711	PDA	Lipitor tabs 10mg		Y	
2230713	PDA	Lipitor tabs 20mg		Y	
2230714	PDA	Lipitor tabs 40mg		Y	
2234502	APX	APO-Terazosin tabs 1mg		Y	
2234503	APX	APO-Terazosin tabs 2mg		Y	



<u>CDIC</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2231136	PMS	PMS-Ipratropium sol 0.25mg	F			Y	
2231244	PMS	PMS-Ipratropium sol 0.25mg/ml	F			Y	
2231245	PMS	PMS-Ipratropium sol 0.25mg/ml	F			Y	
2232903	PMS	PMS-Methotrimeprazine tabs 5mg	F			Y	Y
2232904	PMS	PMS-Methotrimeprazine tabs 25mg	F			Y	Y
2232905	PMS	PMS-Methotrimeprazine tabs 50mg	F			Y	Y
2212951	RIY	Atropine sulphate oph sol 1%	F		Y		
2212927	RIY	Gentamicin sulf ophth sol 0.3%	F		Y		
2231799	SIL	Indomethacin sup 50mg	F			Y	

2231800	SIL	Indomethacin sup 100mg	F			Y	
2212978	RIY	Dexamethasone sod phos oph/otic sol	F			Y	
2231683	GPM	Gen-Trazodone tabs 50mg	F			Y	Y
2231684	GPM	Gen-Trazodone tabs 100mg	F			Y	Y
2231686	GPM	Gen-Nortriptylline caps 10mg	F			Y	Y
2231687	GPM	Gen-Nortriptylline caps 25mg	F			Y	Y
2230477	SIL	Naproxen sup 500mg	F			Y	
2229690	ROP	Rhodiaprox sup 500mg	F			Y	
2231489	TCH	Deproic EC caps 500mg	F			Y	Y
2231714	RIY	Levobunolol HCL sol 0.25%	F			Y	



2231715	RIY	Levobunolol HCL sol 0.50%	F			Y	
2229393	TCH	Pilocarpine ophth sol 1%	F			Y	
2229394	TCH	Pilocarpine ophth sol 2%	F			Y	
2229395	TCH	Pilocarpine ophth sol 4%	F			Y	
2231326	GPM	Gen- Cromoglycate nas spr 2%	F			Y	
2231743	GPM	Gen-Diltiazem SR caps 60mg	F			Y	
2231744	GPM	Gen-Diltiazem SR caps 90mg	F			Y	
2231745	GPM	Gen-Diltiazem SR caps 120mg	F			Y	
2230803	PMS	PMS-Metoprolol-L tabs 50mg	F			Y	
2230804	PMS	PMS-Metoprolol-L tabs 100mg	F			Y	
2229717							

	PMS	PMS-Cimetidine tabs 200mg	F			Y	
2229718	PMS	PMS-Cimitidine tabs 300mg	F			Y	
2229719	PMS	PMS-Cimitidine tabs 400mg	F			Y	
2229720	PMS	PMS-Cimitidine tabs 600mg	F			Y	
2229721	PMS	PMS-Cimitidine tabs 800mg	F			Y	
2230889	PMS	PMS-Gentamicin Otic drops 0.3%	P		Y		
2103613	APX	APO- Domperidone tabs 10mg	F			Y	
2157195	NOP	NOVO- Domperidone tabs 10mg	F			Y	
2230473	TCH	Motilidone tabs 10mg	F			Y	

RESTRICTED BENEFITS:  
SPECIAL AUTHORITY only( criteria follows)

<u>DIN</u>	<u>MAN</u>	<u>DRUG</u>	<u>Short Term</u>	<u>Long Term</u>
2230784	ALL	Tazorac gel 0.05%		Y
2230785	ALL	Tazorac gel 0.1%		Y
2229453	SLO	Pantoloc EC tabs 40mg		Y
2229293	AST	Entocort SR caps 3mg		Y
2230898	UNK	Foradil inh caps 12mcg (Novartis)		Y

#### Tazorac (tazarotene) Gel

Tazorac 0.1% and 0.05% gel will be available as a restricted benefit under Pharmacare=s special authority process, for the treatment of psoriasis only.

#### Pantoloc (pantoprazole) Enteric Coated Capsules

Pantoloc, indicated for the treatment of duodenal ulcer, gastric ulcer and reflux esophagitis, will be available as a restricted benefit under Pharmacare's prior approval special authority process with the same guidelines as omeprazole and lansoprazole. All physicians other than gastroenterologists, will be required to obtain special authority to ensure full reimbursement for pantoprazole prescriptions written for Pharmacare beneficiaries.

#### Entocort (budesonide) Capsules

Entocort 3mg capsules will be available as a restricted benefit under the special authority process, for the treatment of Crohns disease in patients who have either failed or are intolerant to oral prednisone.

#### Foradil (formoterol) Dry Powder Capsules

Foradil will be eligible as a Pharmacare benefit under the special authority process, only for patients experiencing breakthrough symptoms when given optimal corticosteroid and short-acting beta agonist therapy. Respiriologists and allergists will be exempt from the

special authority process. General practitioners may apply for special authority if their patient meets the above criteria.

### NEW DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until the new drugs have been through the routine review process.

- nedocromil (MIREZ<sup>7</sup>)
- latanoprost (XALATAN<sup>7</sup>)
- dolasetron (ANZEMET<sup>7</sup>)
- ranitidine bismuth citrate (PYLORID<sup>7</sup>)
- trandolapril (MAVIK<sup>7</sup>)
- donepezil (ARICEPT<sup>7</sup>)
- ropinirole (REQUIP<sup>7</sup>)
- glatiramer acetate (COPAXONE<sup>7</sup>)



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

December 11, 1997  
97-07

### Notes To Pharmacists

KNR is now the manufacturer's code for *Altimed*. Effective immediately, the PharmaNet HelpDesk fax number has changed: Fax Number: (250) 952-2861

### NEW BENEFITS

The following new drugs have been included as Pharmacare eligible benefits on Plans A, B, C, E and F

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM	Eligible for Plan G
2218941	KNR	Alti-Terazosin tabs 1mg		Y	
2218968	KNR	Alti-Terazosin tabs 2mg		Y	
2218976	KNR	Alti-Terazosin tabs 5mg		Y	
2225190	RBT	Estrace tabs 0.5mg		Y	
2234749	PMS	PMS-Methylphenidate tabs 5mg		Y	Y
2236807	PMS	PMS-Valproic Acid Syrup 250mg/5ml		Y	Y
2231923	AST	Rhinocort Aqua nasal spray 64mcg		Y	
2231671	NXP	Nu-Cromolyn sterules 1%		Y	

2213079	RIY	Prednisolone sod phos ophth sol 1%	Y		
2229868	SIL	Hyoscine ampoule 20mg/ml		Y	

NEW PRODUCTS CATEGORIZED TO LCA and / or RDP  
For Benefit Groups Including Plans A, B, C, E, & F

CDIC	MAN	DRUG NAME	LCA	RDP	Short Term	Long Term	Eligible for Plan G
2236466	PMS	PMS- Domperidone tabs 10mg	F			Y	
2231783	NXP	Nu-Salbutamol sol 1mg/ml	F			Y	
2231784	NXP	Nu-Salbutamol sol 2mg/ml	F			Y	
2231785	NXP	Nu-Ipratropium sol 250mcg/ml	F			Y	
2231492	NOP	Novo-Buspirone tabs 10mg	F		Y		Y
2229862	TCH	Orcipren syrup 10mg/5ml	F			Y	
2232570	MDA	Airomir inhaler	F			Y	
2227436	GPM	Gen-Cimetidine	F			Y	

		tabs 200mg					
2227444	GPM	Gen-Cimetidine tabs 300mg	F			Y	
2227452	GPM	Gen-Cimetidine tabs 400mg	F			Y	
2227460	GPM	Gen-Cimetidine tabs 600mg	F			Y	

Codeine; Coverage will be provided for pain management in cancer patients and palliative care patients.

Sporanox Oral Solution; Coverage will be provided for the treatment of oral and/or oesophageal candidiasis in immunocompromised patients who have failed treatment with other antifungal agents.

New Drugs Under Review;

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. Coverage will not be considered until the new drugs have been through the routine review process.

- latanoprost (XALATAN 7)
- tolcapone (TASMAR 7)
- ranitidine bismuth citrate (PYLORID 7)
- zafirlukast (ACCOLATE 7)
- trandolapril (MAVIK 7)
- donepezil (ARICEPT 7)
- ropinirole (REQUIP 7)
- glatiramer acetate (COPAXONE 7)
- ganciclovir (CYTOVENE 7)
- valsartan (DIOVAN 7)



Last Revised: July 21, 2005





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## PHARMACARE NEWSLETTER

January 27, 1998

#98-01

Note To Pharmacists: RXP is now the manufacturer's code for:  
RhoxalPharma.

LCA/RDP Booklet Corrections: Please note the following corrections to the LCA/RDP Booklet effective February 16, 1998: *Location: ACE Inhibitor RDP, Summary (page 6)*

DIN	MAN	DRUG NAME	LCA
546305	SQU	Capoten tabs 100mg	• F
695661	SQU	Capoten tabs 12.5mg	• F
546283	SQU	Capoten tabs 25mg	• F
546291	SQU	Capoten tabs 50mg	• F

LOCATION: Dihydropyridine RDP Summary (page8)/ Body of booklet  
(page 34)

DIN	MAN	DRUG NAME	LCA/RDP
2221985	HRU	Renedil SR tabs 2.5mg	• F

Quantity Reporting: Effective March 1, 1998, the quantity to be submitted for QUINTASA enemas should be the TOTAL NUMBER OF MILLILITRES DISPENSED, NOT the number of enemas as is the current standard. This will ensure uniform quantity reporting for all of the rectal enema preparations.

Example: 1 box = 7x100ml, Currently reported as quantity = 7.  
Effective March 1/98 quantity reported = 700ml.

2153521 Quintasa enema 1g/100ml  
2153548 Quintasa enema 2g/100ml  
2153556 Quintasa enema 4g/100ml

New Benefits: The following new drugs have been included as



Pharmacare eligible benefits on Plans A, B, C, E and F:

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM	Eligible for Plan G
2230888	SIL	Gentamicin Sulfate oph ointment 0.3%	• Y		

New benefits: The following new products will be included as benefits under the LCA Program effective February 16, 1998

CDIC	MAN	DRUG NAME	LCA	Short Term	Long Term	Eligible for Plan G
2097176	• KNR	Alti-Ipratropium soln 0.125mg/ml	F		Y	
2231690	KNR	Alti-Mexiteline caps 100mg	F		Y	
2231692	KNR	Alti-Mexiteline caps 200mg	F		Y	
2232148	APX	APO-Moclobemide tabs 100mg	F		Y	
2232150	APX	APO-Moclobemide tabs 150mg	F		Y	• Y

New Products Categorized To LCA and/or RDP:  
Benefit Groups A, B, C, E, & F.

CDIC	MAN	DRUG NAME	LCA	RDP	Short Term	Long Term	Eligible for Plan G
0641324	AKN	Akmycin oph ointment 5mg/gm	• F		• Y		
2218984	KNR	Alti-Terazosin tabs 10mg	• F			• Y	
2236507	TCH	Liotec tabs 10mg	• F			• Y	
2236508	TCH	Liotec tabs 20mg	• F			• Y	
2236506	TCH	Flexitec tabs 10mg	• F		• Y		
2234008	RXP	Rho-Sotalol tabs 80mg	• F			• Y	

2234013	RXP	Rho-Sotalol tabs 160mg	• F			• Y	
2233999	RXP	Rho-Metformin tabs 500mg	• F			• Y	
2233998	RXP	Rho-Loperamide caps 2mg	• F		• Y		
2233960	RXP	Rho-Clonazepam tabs 0.5mg	• F			• Y	• Y
2233982	RXP	Rho-Clonazepam 1.0mg	• F			• Y	• y
2233985	RXP	Rho-Clonazepam 2.0mg	• F			• Y	• y
2234003	RXP	Rho-Nitrazepam tabs 5mg	• F		• Y		• y
2234007	RXP	Rho-Nitrazepam tabs 10mg	• F		• Y		• y
2231502	PMS	PMS-Diclofenac EC tabs 25 mg		• P		• Y	
2231503	PMS	PMS-Diclofenac EC tabs 50mg		• P		• Y	
2231504	PMS	PMS-Diclofenac SR tabs 75mg		• P		• Y	
2231505	PMS	PMS-Diclofenac SR tabs 100mg		• P		• Y	

Non Benefits: The following products are non-benefits for all Pharmacare Plans and are not eligible for special authority

CDIC	MAN	DRUG NAME
2231831	GLA	Pylorid tabs 400mg (ranitidine bismuth citrate)
2231460	KNO	Mavik caps 2mg (trandolapril)

Restricted Benefits: Special Authority Only (criteria follows)

DIN	MAN	DRUG NAME	Short Term	Long Term
2229250	LIL	Zyprexa tabs 2.5mg (olanzapine)		• Y
2231493	UNK*	Xalatan oph sol 0.005%(latanoprost)		• Y

---

\*Manufacturer = Pharmacia & Upjohn

Trusopt 7 (dorzolamide)

The current criteria for dorzolamide has been revised. Please refer to latanoprost criteria below.

Xalatan 7 (latanoprost)

Xalatan 7 (latanoprost) ophthalmic solution, has been approved as a RESTRICTED BENEFIT under special authority for the treatment of elevated intra ocular pressure in patients with ocular hypertension and open-angle glaucoma based on the following guidelines:

As adjunct therapy in patients who cannot tolerate or who experience inadequate response with topical pilocarpine or a beta-blocking agent, or in patients in whom an ophthalmic beta-blocking agent is contraindicated.

NEW DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. Coverage will not be considered until the new drugs have been through the routine review process.

- tolcapone (TASMAR 7 )
- zafirlukast (ACCOLATE 7 )
- donepezil (ARICEPT 7 )
- ropinirole (REQUIP 7 )
- glatiramer acetate (COPAXONE 7 )
- ganciclovir (CYTOVENE 7 )
- valsartan (DIOVAN 7 )
- quetiapine (SEROQUEL 7 )
- brimonidine (ALPHAGAN 7 ) estradiol (CLIMARA 7 )



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

*Feb. 2, 1998*  
98-02

### Vacation Supply:

We are receiving an increasing number of enquiries from pharmacists about dispensing larger or additional quantities of medications for residents leaving the province for extended absences. We wish to confirm that Pharmacare will not provide funding for quantities of medication or repeat prescriptions required as vacation supplies. The customer is responsible for payment. Based on your judgment and decision at the time of entering a prescription into PharmaNet, the prescription will either:

- adjudicate with Pharmacare paying, or recognizing, only the maximum days' supply

OR

- adjudicate with Pharmacare paying \$0.00 with the use of intervention code "MV" or "DE". (Please refer to Bulletin 97:006 for information on the use of these codes.)

A notice is enclosed for display in your dispensary. We are receiving an increasing number of enquiries from pharmacists about dispensing larger or additional quantities of medications for residents leaving the province for extended absences. We wish to confirm that Pharmacare will not provide funding for quantities of medication or repeat prescriptions required as vacation supplies. The customer is responsible for payment. Based on your judgment and decision at the time of entering a prescription into PharmaNet, the prescription will either:

- adjudicate with Pharmacare paying, or recognizing, only the maximum

days' supply

OR

- adjudicate with Pharmacare paying \$0.00 with the use of intervention code "MV" or "DE".

(Please refer to Bulletin 97:006 for information on the use of these codes.)

A notice is enclosed for display in your dispensary.

Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

March 25, 1998

#98-02

### PLEASE CIRCULATE AMONG DISPENSING STAFF

NOTE TO PHARMACISTS: NVR is now manufacturer's code for Novartis.  
LCA/RDP Booklet Corrections: Please note the following corrections to the LCA/RDP Booklet:

*LOCATION: page 47*

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA/RDP</u>
2231785	NXP	Nu-lpratropium nebules 250mcg/ml	• F

*LOCATION: page 49*

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA/RDP</u>
2182858	KNR	Endo-250mg Levodopa/25mg Carbidopa tabs	• F

*LOCATION: page 65*

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA/RDP</u>
759953	CBV	Miocarpine Oph. Soln. 6%	• F
2133334	CBV	Miocarpine Oph. Soln 6%	• F

### NEW BENEFITS

The following new drugs have been included  
as Pharmacare eligible benefits on Plan B only

<u>CDIC</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2234217	NOP	Novo-Levamisole tabs 50mg		Y	

NEW BENEFITS The following new drugs have been included  
as Pharmacare eligible benefits on Plans A, B, C, E and F

CDIC	MAN	DRUG NAME	SHORT TERM	LONG TERM	Eligible for Plan G
2232191	PMS	PMS-Clobetasol cream 0.05%		Y	
2232193	PMS	PMS-Clobetasol ointment 0.05%		Y	
2185857	PMS	PMS-Cefaclor oral susp 125mg/5ml	Y		
2185865	PMS	PMS-Cefaclor oral susp 250mg/5ml	Y		
2185873	PMS	PMS-Cefaclor oral susp 375mg/5ml	Y		
2237339	PMS	PMS-Trazodone tabs 75mg		Y	Y
2234466	ODN	Proctodan HC oint	Y		
2231529	APX	Apo-Oflox tabs 200mg	Y		
2231531	APX	Apo-Oflox tabs 300mg	Y		
2231532	APX	Apo-Oflox tabs 400mg	Y		
2237235	APX	Apo-Ketoconazole tabs 200mg		Y	

NEW PRODUCTS CATEGORIZED TO LCA and/or  
RDP: The following new products will be included as benefits under  
the LCA Program *Benefit Groups A, B, C, E, & F*

CDIC	MAN	DRUG NAME	LCA	RDP	Short Term	Long Term	Eligible for Plan G
523399	DTC	Propanolol Hcl tabs 40mg	F			Y	Y
2231781	NOP	Novo-Nortriptyline caps 10mg	F			Y	Y
2231782	NOP	Novo-Nortriptyline caps 25mg	F			Y	Y
2231495	NOP	Novo-Fenobibrate caps 100mg	F			Y	
2236799	KNR	Alti-Azathioprine tabs 50mg	F			Y	
377880	DTC	Amitriptyline HCl tabs 25mg	F			Y	Y
377899	DTC	Amitriptyline HCl tabs	F			Y	Y

		50mg					
2231494	APX	Apo-Ipravent soln 0.25mg/ml	F			Y	
2236783	APX	Apo-Orciprenaline syr 10mg/5ml	F			Y	
2230805	NOP	Novo-Terazosin tabs 1mg	F			Y	
2230806	NOP	Novo-Terazosin tabs 2mg	F			Y	
2230807	NOP	Novo-Terazosin tabs 5mg	F			Y	
2230808	NOP	Novo-Terazosin tabs 10mg	F			Y	
2233047	NXP	Nu-Terazosin tabs 1mg	F			Y	
2233048	NXP	Nu-Terazosin tabs 2mg	F			Y	
2233049	NXP	Nu-Terazosin tabs 5mg	F			Y	
2233050	NXP	Nu-Terazosin tabs 10mg	F			Y	
2236733	PMS	PMS-Glyburide tabs 2.5mg	F			Y	
2236734	PMS	PMS-Glyburide tabs 5mg	F			Y	
2140063	KNR	Alti-Valproic syr 50mg/ml	F			Y	Y
2231731	RHO	Rho-Atenolol tabs 50mg	F			Y	Y
2231733	RHO	Rho-Atenolol tabs 100mg	F			Y	Y

#### RESTRICTED BENEFITS:

Special Authority only.

Criteria for the following Restricted Benefits has been changed as follows:

- Trusopt 7 (dorzolamide) and Xalatan 7 (latanoprost)

Trusopt 7 (dorzolamide) and Xalatan 7 (latanoprost) ophthalmic solutions, have been approved as RESTRICTED BENEFITS under special authority for the treatment of elevated intra ocular pressure in patients with ocular hypertension and open-angle glaucoma based on the following revised guidelines:

as adjunct therapy in patients who either cannot tolerate, who experience inadequate response, or in whom an ophthalmic beta-blocking agent is contraindicated.

#### NEW DRUGS UNDER REVIEW:

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. Coverage will not be considered until the new drugs have been through the routine review process.

- levonorgestrel+ethinyl estradiol (ALLESEE 7)



- anegrelide (AGRYLIN 7)
- fraxiparine (NADROPRIN 7 )
- cefzil (CEFPROZIL 7 )
- interferon beta-1a (REBIF 7 )
- verapamil hydrochloride (CHRONOVERA 7)
- tolcapone (TASMAR 7 )
- zafirlukast (ACCOLATE 7 )
- donepezil (ARICEPT 7 )
- ropinirole (REQUIP 7 )
- glatiramer acetate (COPAXONE 7 )
- ganciclovir (CYTOVENE 7 )
- valsartan (DIOVAN 7 )
- quetiapine (SEROQUEL 7 )
- brimonidine (ALPHAGAN 7 )
- estradiol (CLIMARA 7 )

## PLAN B - Long-Term Care

### Plan B eligibility

Although, several licensed facilities in the province are funded by Continuing Care, Ministry of Health, there are some private facilities that are not funded by the Ministry and the resident is responsible for payment of the cost of accommodation and nursing care. All residents of long-term care facilities licensed under the Continuing Care Facility Act, funded and non funded, are eligible for Plan B reimbursement. If you require further information/clarification regarding Plan B reimbursement please contact Ruby Virani, Pharmacy Consultant, at telephone number 604-660-1738

### Pharmacare/Pharmacy Long term care agreement

The Pharmacare/Pharmacy Agreement signed for a long term care facility is valid only for the licensed facility that is officially stated on the agreement. In the event of a change in the facility's license or licensee (i.e. a change in facility name, address change etc.), it is expected that the pharmacy involved will obtain a new letter of appointment for pharmacy services from the facility and have a new Pharmacare/Pharmacy Agreement signed. It is also recommended that when there is a change of administration at a facility, pharmacy may request the new administration of the facility to provide the pharmacy with a new Appointment of Pharmacy Services@ agreement for the existing pharmacy.

### Plan B per diems

Plan B Nursing Home per diems should be billed to Pharmacare on a regular basis, at the end of each month. The basis for calculating the capitation fee should be based on the actual occupancy and not the maximum licensed capacity. Respite beds are not to be included in calculations for Plan B per diems. Any claims for service payment for residents occupying respite beds should be made under Plans A, C, or

E, dependent on the individual's eligibility. Only one invoice per month can be processed for Plan B per diems. Per diems should be sent at or near the end of each month to ensure that accurate information on the number of occupied beds is being submitted on each invoice. Plan B per diem payments will be monitored and any overpayment of per diems will be recovered as a result of future audits.

If you require any information concerning the status of your billings, please contact Michelle Porter or Monica McMillan at telephone 1-888-918-8822 or by fax at 250-952-1625.



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER:

*April, 1998*  
*98-04*

### Coverage Changes:

#### Pharmacare Benefits:

With ever-expanding expensive new drug therapy, Pharmacare constantly reviews the current program benefits to ensure that British Columbia is able to maintain one of the best universal drug programs in Canada. As a result of an ongoing review of current Pharmacare benefits, several products have been identified where:

- there are equally effective, lower cost alternative treatments,
- products have recently moved to non-prescription status,
- de-insurance of certain products provides consistency among Pharmacare plans, or
- de-insurance brings Pharmacare more in line with other provincial programs.

To enable the notification of customers affected by:

- 1) the delisting of some drugs, and
  - 2) the new special authority status of others,
- we have enclosed the following:

- a notice for public posting, which lists the affected drugs and notifies customers that there have been Pharmacare coverage changes.
- a letter from Pharmacare for distribution to affected customers, explaining the full impact of the changes for each drug.

We hope that supplying this material for distribution will support you in providing effective customer service. As listed on both the public posting and in the letter, customers requiring further clarification can contact the PharmaNet Help Desk. Those public telephone numbers are:

- In Victoria: 952-2866
- In the Lower Mainland 682-6849,
- In other areas of B.C. 1-800-554-0250.

#### Delisted Products:

The following table outlines the drugs delisted as of May 1, 1998:

DRUG TYPE	BENEFIT CHANGE	SPECIFIC PRODUCTS (INCLUDING ALL
--------------	-------------------	-------------------------------------

		STRENGTHS AND DOSAGE FORMS)
Scabicides/ pediculicides	Delisted for all plans	benzyl benzoate, crotamiton, lindane, pyrethrins, permethrin, bioallethrin
Anti-allergic eye drops	Delisted for all plans	sodium cromoglycate eye drops, lodoxamide, levocabastine
Drugs commonly used to treat infertility	Delisted for infertility therapy for all plans (other approved indications via special authority: for example endometriosis)	clomiphene, gonadorelin, menotropins, urofollitropins, chorionic gonadotropins, leuprolide, goserelin, buserelin, nafarelin  Note: follitropin alpha/beta have never been Pharmacare benefits

The following table outlines the drugs delisted as of June 1, 1998:

DRUG TYPE	BENEFIT CHANGE	SPECIFIC PRODUCTS (INCLUDING ALL STRENGTHS AND DOSAGE FORMS)
Laxatives	Delisted coverage on Plan B	all dosage forms (oral and rectal) and combination preparations of laxatives and cathartics, including magnesium hydroxide, kaolin & pectin, sennosides, bisacodyl, senna, cascara, danthron, anthroquinones, psyllium, fibre, glycerine/mineral oil, diphenylmethane, saline laxatives, and docusate.

## Restricted Benefits

Effective June 1, 1998, the following drugs will be available as restricted  
benefits

under special authority only:

DRUG TYPE	CRITERIA
Finasteride	Restricted for benign prostatic hyperplasia (BPH) as 2 <sup>nd</sup> line treatment following treatment

	failure or intolerance to an alpha blocker
Ondansetron	Restricted for nausea and vomiting caused by highly emetogenic chemotherapy only (oncologist exemption)
Loperamide, diphenoxylate	Restricted for treatment of diarrhea due to chronic illness only
Chloroquin, sulfadoxine-pyrimethamine*	Restricted for treatment of malaria only. No coverage for prophylaxis. (Coverage for other indications under special authority)

### Doxycycline

Please note that doxycycline is not eligible for Pharmacare coverage when used in the indication of chloroquin resistant malaria prophylaxis. Any prescription for this indication should be submitted using the following PIN numbers:

DIN	DRUG NAME
66123926	doxycycline Cap 100 mg (Malaria Prophylaxis)
66123927	doxycycline Tab 100 mg (Malaria Prophylaxis)

Also note that the recommended dosage for chloroquin resistant malaria prophylaxis from the Vancouver Travel Clinic currently is:

- doxycycline 100 mg/day 1 week before, during, and 4 weeks after return from affected area.

### New Benefits:

The following new drugs were approved as either regular or restricted benefits in 1997:

REGULAR BENEFIT	RESTRICTED BENEFIT
☞ Dovonex Scalp Lotion (calcipotriol)	☞ Codeine Contin
☞ Valtrex (valacyclovir)	☞ DDAVP Tablets
☞ Migranal Nasal Spray (dihydroergotamine)	☞ Nitoman (tetrabenazine)
☞ Imitrex Nasal Spray (sumatriptan) (between 18-65 years of age)	☞ Imitrex Nasal Spray (sumatriptan) (<18 or >65 years of age)
☞ Topamax (topiramate)	☞ Hyzaar (losartan/hydrochlorothiazide)

⌘ Lipitor (atorvastatin)	⌘ Trusopt (dorzolamide)
⌘ Tiazac (diltiazem)	⌘ Losec 10mg tablets (omeprazole)
	⌘ Entocort (budesonide) capsules
	⌘ Pantoloc (pantoprazole)
	⌘ Foradil (formeterol)
	⌘ Tazorac (tazorotene)
	⌘ Sporanox Oral Solution (itraconazole)
	⌘ Xalatan (latanoprost)

Pharmacare also added approximately 150 generic/line extension (different strength) products as benefits in 1997.



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

May 6, 1998

#98-05

PLEASE CIRCULATE AMONG DISPENSING STAFF:

### Syringes

Please note that Pharmacare provides coverage for needles and syringes for insulin dependent diabetic patients ONLY. Claims for needles and syringes for non-insulin therapy (eg. heparin, gravol injection) should be entered on PharmaNet using PIN #66123227 (Pharmacare nonbenefit for non drug medical supplies).

Retrospective reviews that reveal claims for needles and syringes for non-insulin users will be subject to recovery.

### LCA Changes:

Please note that the Novo, Stanley, and Squibb no longer manufacture chloral hydrate

(DINS 20893, 178462, and 29041). The only available products are by Pharmascience (DIN 81182), and Druggists Corporation (DIN 92886).

### BC SMILE:

The *British Columbia Seniors Medication Information Line (BC SMILE)* is a free telephone hotline established to assist seniors, their families and caregivers with any medication-related questions including side effects, drug interactions, and the misuses of prescription drugs when it is not possible to direct such questions to their regular pharmacist or physician. Located at UBC Faculty of Pharmaceutical Sciences, **SMILE** is staffed by licensed pharmacists and is intended to support the care provided by other health care professionals.

**BC SMILE** can be reached at:

822-1330 in Greater Vancouver  
1-800-668-6233 toll free in B.C.  
10am - 4pm Monday to Friday

OR YOU CAN WRITE TO:

smileubc@unixg.ubc.ca

**BC SMILE:** is a joint effort of the Ministry of Health and Ministry Responsible for Seniors (Pharmacare Division), BC Drug and Poison Information Centre, the Pharmaceutical Industry, the Science Council of B.C. and UBC Faculty of Pharmaceutical Sciences.

# NEW BENEFITS:

The following new drugs have been included  
as Pharmacare eligible benefits on Plans A, B, C, E and F

<u>CDIC</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2237701	APX	Apo-Ticlopidine tabs 250mg		Y	
588180	DTC	Barbilixir Elx 4mg/ml		Y	
93505	DTC	Phenobarbital tabs 15mg			
93556	DTC	Phenobarbital tabs 60mg		Y	
93564	DTC	Phenobarbital tabs 100mg		Y	
2237500	APX	Apo-Cefaclor susp 125mg/5ml	Y		
2237501	APX	Apo-Cefaclor susp 250mg/5ml	Y		
2237502	APX	Apo-Cefaclor susp 375mg/5ml	Y		
2236997	TAR	Lyderm gel 0.05%		Y	
2236996	TAR	Lyderm ointment 0.05%		Y	

## NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

The following new products will be included as benefits  
under the LCA Program: Benefit Groups A, B, C, E, & F

<u>CDIC</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2237729	YMG	Cefaclor caps 250mg	F		Y		
2237730	YMG	Cefaclor caps 500mg	F		Y		
2237721	GPM	Gen Acebutalol tabs 100mg	F			Y	
2237722	GPM	Gen Acebutalol tabs 200mg	F			Y	
2237723	GPM	Gen Acebutalol tabs 400mg	F			Y	
2237651	APX	Apo Loxapine tabs 5mg	F			Y	Y
2237652	APX	Apo Loxapine tabs 10mg	F			Y	Y
2237653	APX	Apo Loxapine tabs 25mg	F			Y	Y
2237654	APX	Apo Loxapine tabs 50mg	F			Y	Y
2230735	GPM	Gen-Minocycline caps 50mg	F			Y	



2230736	GPM	Gen-Minocycline caps 100mg	F			Y	
2237148	ICN	Ulcidine tabs 20mg		P		Y	
2237149	ICN	Ulcidine tabs 40mg		P		Y	
2232987	GEN	Gen-Salbutamol inh. 5mg/ml	F			Y	
377929	DTC	Imipramine Hcl tabs 50mg	F			Y	Y
456039	DTC	Perphenazine tabs 2mg	F			Y	Y
456047	DTC	Perphenazine tabs 4mg	F			Y	Y
2237534	NXP	Nu-Loxapine tabs 5mg	F			Y	Y
2237535	NXP	Nu-Loxapine tabs 10mg	F			Y	Y
2237536	NXP	Nu-Loxapine tabs 25mg	F			Y	Y
2237537	NXP	Nu-Loxapine tabs 50mg	F			Y	Y

#### NON BENEFITS:

The following products are non-benefits for all Pharmacare Plans and are not eligible for special authority

CDIC	MAN	DRUG NAME
2232043	PFI	Aricept tabs 5mg

#### NEW DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until the new drugs have been through the routine review process.

- levonorgestrel+ethinyl estradiol (ALLESEE 7)
- anagrelide (AGRYLIN 7)
- nadroparin (FRAXIPARINE 7 )
- interferon beta-1a (REBIF 7 )
- verapamil hydrochloride (CHRONOVERA 7)
- tolcapone (TASMAR 7 )
- zafirlukast (ACCOLATE 7 )
- ropinirole (REQUIP 7 )
- glatiramer acetate (COPAXONE 7 )
- ganciclovir (CYTOVENE 7 )
- valsartan (DIOVAN 7 )
- quetiapine (SEROQUEL 7 )
- brimonidine (ALPHAGAN 7 )
- estradiol (CLIMARA 7 )
- pramipexole dihydrochloride (MIRAPEX 7 )
- cerivastatin (BAYCOL 7 )

- olopatadine 0.1% (PATANOL 7 )
- formoterol (OXEZE 7 ) turbuhaler



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

*June 04, 1998*

**#98-06**

### Recent Pharmacare staff changes:

Anne McFarlane has recently been promoted within the Ministry of Health to Assistant Deputy Minister, responsible for Pharmacare, Planning and Special Projects. Anne will continue to be involved at the executive level with issues related to Pharmacare.

Effective May 19, 1998, Bob Nakagawa has joined Pharmacare as Director. Bob has an extensive background in pharmacy, a degree from the University of British Columbia Faculty of Pharmaceutical Sciences, and memberships as past President of both the BC College of Pharmacists and the Canadian College of Hospital Pharmacists. In addition to his work in the hospital pharmacy at Lions Gate Hospital, Bob has directed the North Shore Community Drug program - a well-respected academic detailing project - and has chaired the Reference Drug Program Expert Advisory Committee. We welcome Bob to Pharmacare and know he will make an important contribution to the program.

We are sad to see the departure of Bill Mercer, who leaves his position as Senior Manager, Pharmacare Operations, to accept a position as the Director of Operations with the Medical Services Plan, Ministry of Health.

Nerys Hughes has assumed the duties of the position of Senior Manager, Operations, on temporary assignment. Nerys' extensive experience at Pharmacare as Manager of Operations will be much appreciated as she assumes her new responsibilities.

Tanya Potashnik is filling the position of Manager of Operations on a temporary basis. We are pleased to have Tanya return to Pharmacare.

Finally, Suzanne Solven, Senior Pharmacist, has commenced maternity leave from Pharmacare and will return in January 1999. In Suzanne's absence, duties and responsibilities will be assumed by the pharmacy consultants in the Victoria and Vancouver offices.

We know you join all of Pharmacare in wishing everyone well in their new positions.

### MENTAL HEALTH PRESCRIPTION DRUG PLAN (Plan G):

Pharmacare's Mental Health Prescription Drug Program (Plan G) for low-income residents of Vancouver and Richmond was implemented

May 11, 1998.

Plan G will assist patients for whom the cost of psychiatric medication is a serious barrier and who, without medication, would suffer serious consequences, such as hospitalization. The program, consistent with other areas of the province, is administered by the Greater Vancouver Mental Health Services Society.

Community physicians may recommend patients by completing application forms that accompanied the Plan G package. The completed forms should be submitted to the Greater Vancouver Mental Health Services Society for processing. Approval for coverage is based on financial and clinical criteria.

Once approved, patient information is entered on PharmaNet and eligible mental health medications can be provided at no-charge to the patient from local pharmacies. The formulary previously distributed in November, 1997, remains the same.

Please note that Pharmacare does not register clients or determine eligibility. As with all drugs eligible for Pharmacare coverage, the low cost alternative policy and other plan rules apply. There is no retroactive coverage associated with this program.

If you require further information about this program, please contact the Plan G Program Clerk at the Greater Vancouver Mental Health Services Society, phone 874-9113 or fax 874-7698.

Blood Glucose Testing Strips - new PINs:

Effective immediately, all claims for blood glucose testing strips should be made using the following PINs.

***As of July 1, 1998, the old PIN will be ineligible for coverage under any plan.***

DIN	MAN	DRUG NAME
44123001	YNO	Dextrostix BG Test Strip
44123002	YNO	Elite BG Test Strip
44123003	YNO	Encore Test Strip
44123004	YNO	Glucofilm BG Test Strip
44123005	YNO	Glucostix BG Test Strip
44123006	BOM	Accutrend BG Test Strip
44123007	BOM	Accu-Chek Easy BG Test Strip
44123008	BOM	Advantage BG Test Strip
44123009	BOM	Chemstrip BG Test Strip
44123010	BOM	Tracer BG Test Strip
44123011	LIF	One Touch BG Test Strip
44123012	LIF	Surestep BG Test Strip
44123013	MED	Companion II BG Test Strip
44123014	MED	Exactech BG Test Strip

NEW BENEFITS:

The following new drugs have been included:  
as Pharmacare eligible benefits on Plans A, B, C, E and F

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2230431	PMS	PMS-Metoclopramide tabs 5mg		Y	
2230220	NOP	Novo-Flunarizine caps 5mg		Y	
2177102	SMJ	Famvir tabs 500mg	Y		
2028719	STI	Nerisalic crm		Y	
2230085	NOP	Novo-Theophyl SR tabs 100mg		Y	
2230087	NOP	Novo-Theophyl SR tabs 300mg		Y	

Change in Benefit Status:

Benefit Groups A,B,C,E,F, &G

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2199270	HLR	Nitoman tabs 25mg		Y	

NEW PRODUCTS CATEGORIZED TO LCA and/or RDP:

The following new products will be included as benefits under the LCA Program. Benefit Groups A, B, C, E, & F.

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2237921	GPM	Gen Verapramil tabs 80mg	F			Y	
2237922	GPM	Gen Verapramil tabs 120mg	F			Y	
2228270	NXP	Nu-Zopiclone tabs 7.5mg	F		Y		Special Authority Required
2236819	NOP	Novo-Azathioprine tabs 50mg	F			Y	
2083353	PMS	PMS-Timolol drops 0.25%	F			Y	

2083345	PMS	PMS-Timolol drops 0.5%	F			Y	
2231432	NXP	Nu-Cefaclor caps 250mg	F		Y		
2231433	NXP	Nu-Cefaclor caps 500mg	F		Y		
2230717	NXP	Nu-Selegiline tabs 5mg	F			Y	
2231477	NXP	Nu-Domperidone tabs 10mg	F			Y	
2230401	NXP	Nu-Pentoxifylline SR tabs 400mg	F			Y	

#### NON BENEFITS:

The following products are non-benefits for all Pharmacare Plans, and are not eligible for special authority.

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
2229110	SMJ	Famvir tabs 125mg
2229129	SMJ	Famvir tabs 250mg
2163659	BMJ	Cefzil tabs 250mg
2163667	BMJ	Cefzil tabs 500mg
2163683	BMJ	Cefzil powder for oral susp 250mg/5ml
2163675	BMJ	Cefzil powder for oral susp 125mg/5ml
2231509	BEX	Climara Transdermal System
2231510	BEX	Climara Transdermal System

#### RESTRICTED BENEFITS:

Special Authority Only (criteria follows).

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>
2232565	SMJ	Requip tabs 0.25mg		Y
2232567	SMJ	Requip tabs 1.0mg		Y
2232568	SMJ	Requip tabs 2mg		Y
2232569	SMJ	Requip tabs 5mg		Y
2235914	HLR	Tasmar tabs 100mg		Y
2235921	HLR	Tasmar tabs 200mg		Y

#### Requip 7 (ropinirole):

Requip 7 (ropinirole) is indicated as monotherapy in the treatment of Parkinson's disease and as an adjunctive therapy in the later stages of

disease, based on the following criteria:

- treatment of patients with idiopathic Parkinson's disease who cannot tolerate or have contraindications to levodopa and bromocriptine
- OR
- as adjunctive treatment with levodopa in patients with Parkinson's disease who cannot use bromocriptine.

Tasmar 7 (tolcapone): Tasmar 7 (tolcapone) is indicated for use as adjunctive therapy in patients with Parkinson's disease, based on the following criteria:

- use as adjunct therapy with levodopa in the treatment of patients with fluctuating idiopathic Parkinson's disease, unresponsive to alterations in doses of levodopa.

#### DRUGS UNDER REVIEW:

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until the new drugs have been through the routine review process.

- nifedipine extended release (ADALAT 7 XL 20mg)
- venlafaxine hydrochloride extended release (EFFEXOR 7 XR )
- naratriptan hydrochloride (AMERGE 7 )
- ranitidine bismuth citrate (PYLORID 7 ) (resubmission)
- micronized progesterone (PROMETRIUM 7 ) (resubmission)



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

August 5, 1998  
98-07

PLEASE CIRCULATE AMONG DISPENSING STAFF

### NEW BENEFITS:

The following new drugs have been included  
as Pharmacare eligible benefits on Plans A, B, C, E and F

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2238334	NOP	Novo-Clobazam tabs 10mg		Y	
2237111	NXP	Nu-Moclobemide tabs 100mg		Y	Y
2236950	UNK	Risperidal oral soln 1mg/ml		Y	Y
2237907	TAR	Taro- Carbamazepine CR tabs 200mg		Y	Y
2237908	TAR	Taro- Carbamazepine CR tabs 400mg		Y	Y
2148773	PMS	PMS-Ketoprofen supp 50mg		Y	
2237279	WAY	Effexor XR caps SR 37.5mg		Y	Y
2237280	WAY	Effexor XR caps SR 75mg		Y	Y
2237282	WAY	Effexor XR caps SR 150mg		Y	Y

### NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

The following new products will be included as benefits  
under the LCA Program: Benefit Groups A, B, C, E, & F



<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2220156	APX	Apo- Nizatidine caps 150mg		P		Y	
2220164	APX	Apo- Nizatidine caps 300mg		P		Y	
2238102	PMS	PMS Selegeline tabs 5mg	F			Y	
2237861	TCH	Capril tabs 12.5mg	F	F		Y	
2237862	TCH	Capril tabs 25mg	F	F		Y	
2237863	TCH	Capril tabs 50mg	F	F		y	
2237864	TCH	Capril tabs 100mg	F	F		Y	
		<u>LCA and/or RDP (cont'd)</u>					
<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2230306	NOP	Novo- Flunisolide spr 0.025%	F			Y	
2237618	YNO	Adalat XL tabs SA 20mg		P		Y	
2238171	GPM	Gen- Amoxicillin caps 250mg	F		Y		
2238172	GPM	Gen- Amoxicillin caps 500mg	F		Y		
2230448	GPM	Gen- Metoprolol tabs 50mg	F			Y	
2230449	GPM	Gen- Metoprolol tabs 100mg	F			Y	
2230203	PMS	PMS-	F	F		Y	

		Captopril tabs 12.5mg					
2230204	PMS	PMS- Captopril tabs 25mg	F	F		Y	
2230205	PMS	PMS- Captopril tabs 50mg	F	F		Y	
2230206	PMS	PMS- Captopril tabs 100mg	F	F		Y	
2237112	NXP	Nu- Moclobemide tabs 150mg	F			Y	Y
2237786	TCH	Diclotec supp 50mg	F			Y	
2237787	TCH	Diclotec supp 100mg	F			Y	
2229517	NXP	Nu- Metformin tabs 850mg	F			Y	
2237858	TCH	Buspirex tabs 10mg	F			Y	Y
2237230	NOP	NOVO- Captoril tabs 6.25mg	F	F		Y	
2238048	APX	Apo-Valproic caps 250mg	F			Y	Y
2238042	TCH	Deproic syr 250mg/5ml	F			Y	Y
2231676	SEA	Chronovera tabs 180mg	F			Y	
2231677	SEA	Chronovera tabs 240mg	F			Y	
2216221	GPM	Gen- Ipratropium soln 0.25mg/ml	F			Y	

### Nizatidine

Pharmacare recently approved coverage of generic nizatidine (Apotex). Please note, patients with a Special Authority approval for Axid will now only receive coverage and eligibility up to the level of the generic product.

### Change in Benefit Status

The following new drugs have been included  
as Pharmacare eligible benefits on Plans A, B, C, E, F, G

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2199270	HLR	Nitoman oral tabs 25mg		Y	Y

#### Blood Glucose Testing Strips - new PINs

<u>PIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
44123017	LIF	Fast Take BG Test Strip
44123018	LIF	Smart Strip BG Test Strip
44123019	YNO	Glucometer DEX BG Test Sensors
44123020	BOM	Chemstrip BG Test Strip Visual
44123021	YNO	Advantage Comfort BG Test Strip

#### NON BENEFITS

The following products are non-benefits for all Pharmacare Plans and are not eligible for special authority:

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
2236606	ZEN	Accolate tabs 20mg
2236839	UNK	Levaquin inj 5mg/ml
2236840	UNK	Levaquin inj 25mg/ml
2236841	UNK	Levaquin tabs 250mg
2236842	UNK	Levaquin tabs 500mg

#### RESTRICTED BENEFITS

Special Authority Only  
Diovan® (Valsartan)

The review of Diovan® (valsartan) has now been completed. Diovan will be available as a restricted benefit, on a prior approval special authority process. Special approval for Diovan will only be provided for treatment of hypertension, in patients who have experienced an intractable cough with ACE-inhibitors.

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>
2236808	NVR	Diovan caps 80mg		Y
2236809	NVR	Diovan caps 160mg		Y

## DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until the new drugs have been through the routine review process.

- tamsulosin hydrochloride (FLOMAX®)
- interferon beta 1-a (AVONEX®)
- bupropion hydrochloride (WELLBUTRIN®)
- irbesartan (AVAPRO®)
- naratriptan hydrochloride (AMERGE ® )
- ranitidine bismuth citrate (PYLORID ® ) (resubmission)
- micronized progesterone (PROMETRIUM ® ) (resubmission)
- levonorgestrel+ethinyl estradiol (ALESSE ®)
- anagrelide (AGRYLIN ®)
- nadroparin (FRAXIPARINE ® )
- interferon beta-1a (REBIF ® )
- glatiramer acetate (COPAXONE ® )
- ganciclovir (CYTOVENE ® )
- quetiapine (SEROQUEL ® )
- brimonidine (ALPHAGAN ® )
- pramipexole dihydrochloride (MIRAPEX ® )
- cerivastatin (BAYCOL ® )
- olopatadine 0.1% (PATANOL ® )
- formoterol (OXEZE ® ) turbuhaler



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

September 7, 1998

98-08

### **PLEASE CIRCULATE AMONG DISPENSING STAFF**

#### CLARIFICATION of the SEPTEMBER 1, 1998 LCA/RDP BOOK

With the recent distribution of the new LCA/RDP book, several questions have been raised that require further clarification. As has been stated previously, this book should ***not*** be considered an endorsement of the interchangeability of any products identified. In those situations where the products are not legally interchangeable, pharmacists are advised to consult with the prescriber and obtain the appropriate legal authority to dispense a low cost alternative or reference-drug product, if the patient does not wish to cover the additional cost. In order to avoid creating the impression that different strengths and dosage forms may be legally interchangeable, these products are deliberately separated in the book. As a result, it may not always be obvious what product(s) are considered to be low cost alternatives to the product(s) identified as partial benefits. For the purposes of LCA, full benefit status is based on the same chemical entity, recognizing the strength and dosage form that provides the best value.

In addition, the following points are addressed:

- 1.ASA 500 MG: Another alternative may be available from Sterling Products (STP) that was not listed in the book. The DIN for Arthrinol 500 mg is 718505 and it should also be a partial benefit (P), effective Sep 1/98. The LCA price for this category is prorated based on the LCA price for the 650 mg product.
- 2.CLOMIPRAMINE 10 MG: DIN 2230063 is incorrectly identified as CLOBETASOL TAB 10MG. It should be Clomipramine 10 mg (distributed by Prempharm).
- 3.FENOFIBRATE: Three 100 mg capsules of unmicronized Fenofibrate is bioequivalent to 200 mg of the micronized formulation, therefore, the LCA price is based on the cost of three capsules of the 100 mg unmicronized low cost alternatives. The Lipidil Micro DIN should be 2146959.
- 4.GLICLAZIDE 80 MG: Novo-Gliclazide 80 mg has been incorrectly identified with DIN 50606. The correct DIN is 2238103.
- 5.KETOTIFEN 1 MG: This category has been removed from the current book due to availability problems with the low cost alternative product (Novopharm).
- 6.NIZATIDINE: There is an availability problem with the low cost alternative product (Apotex), and no firm commitment on a delivery date. Axid is a partial

benefit under RDP and will remain a full benefit under LCA, with a **special authority only**, until further notice.

7.RANITIDINE 150 MG: There is an new DIN 2212331 for Zantac 150 mg. This product is a partial benefit (P) under RDP.

8.SODIUM CROMOGLYCAT: Both the Sod. Cromoglycate Nasal Spray and Nebulizer Solution categories were inadvertently left out of the new LCA book. These categories are still part of the LCA program, as follows:

1950541	SOD CROMOGLYCAT AEM 2%	CROMOLYN NASAL SOLUTION	PMS	F
2231326	SOD CROMOGLYCAT AEM 2%	GEN-CROMOGLYCAT NASAL SOLN SOLUTION	GPM	F
2231390	SOD CROMOGLYCAT AEM 2%	APO-CROMOLYN 2% SPRAY	APX	F
605255	SOD CROMOGLYCAT AEM 2%	RYNACROM SOLUTION 2%	FIS	P
2046113	SOD CROMOGLYCAT LIQ 1%	PMS-SODIUM CROMOGLYCAT NEBULIZER S	PMS	F
2049082	SOD CROMOGLYCAT LIQ 1%	NOVO-CROMOLYN NEBULIZER SOLUTION 1%	NOP	F
2219468	SOD CROMOGLYCAT LIQ 1%	GEN-CROMOGLYCAT STERINEBS - LIQ IN	GPM	F
2231431	SOD CROMOGLYCAT LIQ 1%	APO-CROMOLYN STERULES	APX	F
534609	SOD CROMOGLYCAT LIQ 1%	INTAL NEBULISER 1%	FIS	P

9.SULFACETAMIDE SODIUM ONT 10%: This category has been removed from the current book due to availability problems with the low cost alternative products.

10.TRIAMCINOLONE INJECTIONS: Both the 10mg/ml and 40mg/ml categories have been removed from the current book due to availability problems with the low cost alternative products (Sabex).

11. NEOMYCIN/POLYMYCIN/HC: This category has been removed from the current book due to availability problems with the low cost alternative product.

12.\_CARBAMAZEPINE CR/THEOPHYLLINE SR: Due to concerns about

the narrow therapeutic index for these drugs, both of these categories have been removed from the current book, pending additional evaluation.

13. CHOLESTYRAMINE LIGHT PWR: As a result of new pricing information, the Pharmascience products with DINs 2141795 and 2125463 have been reinstated as full benefits under the LCA program.

14. TIAPROFENIC ACID 200mg and 300mg: This medication is available only under Special Authority.

15. ZOPICLONE 7.5mg: Plan G coverage requires Special Authority.

#### NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

*The following new products will be included as benefits*

*under the LCA Program*

*Benefit Groups A, B, C, E, & F*

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2237813	GPM	Gen-Fluoxetine caps 10mg	F			Y	Y
2237814	GPM	Gen-Fluoxetine caps 20mg	F			Y	Y
2232195	PMS	PMS-Clobetasol lot. 0.05%	F			Y	

#### NON BENEFITS

***The following products are non-benefits for all Pharmacare Plans***

***and are not eligible for special authority***

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
2237325	YNO	Baycol tabs 0.2mg
2237326	YNO	Baycol tabs 0.3mg

#### NEW DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until the new drugs have been through the routine review process.

grepafloxacin (RAXAR®)

tamsulosin hydrochloride (FLOMAX®)

interferon beta 1-a (AVONEX®)

bupropion hydrochloride (WELLBUTRIN®)

irbesartan (AVAPRO®)

naratriptan hydrochloride (AMERGE ® )

ranitidine bismuth citrate (PYLORID ® ) (resubmission)

micronized progesterone (PROMETRIUM ® ) (resubmission)

levonorgestrel+ethinyl estradiol (ALESSE ®)

anagrelide (AGRYLIN ®)

nadroparin (FRAXIPARINE ® )

interferon beta-1a (REBIF ® )

glatiramer acetate (COPAXONE ® )

ganciclovir (CYTOVENE ® )

quetiapine (SEROQUEL ® )

brimonidine (ALPHAGAN ® )

pramipexole dihydrochloride (MIRAPEX ® )

olopatadine 0.1% (PATANOL ® )

formoterol (OXEZE ® ) turbuhaler



Last Revised: July 21, 2005







## PHARMACARE NEWSLETTER

October 22, 1998

98-09

### ***PLEASE CIRCULATE AMONG DISPENSING STAFF***

#### Mastectomy Coverage Reminder

Breast prostheses are eligible Pharmacare benefits subject to the usual rules and deductibles. A maximum cost of \$350 is considered and coverage is provided once every 24 months or at the expiration of the manufacturer's warranty, whichever is greater.

Pharmacare will also provide coverage for two surgical bras on an immediate post-surgical basis, within six months of surgery.

#### Note to Pharmacists

Proctodan HC ointment was incorrectly categorized as a partial benefit. As of September 14, 1998, it was removed from LCA and will remain as a full benefit for the duration of the current LCA book. It may be considered for the next book..

#### NEW BENEFITS

***The following new drugs have been included***

***as Pharmacare eligible benefits on Plans A, B, C, E and F***

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2238145	ALC	Volfenal oph soln 0.1%	Y		
2237213	TCH	Levotec tabs 25mcg		Y	Y
2237214	TCH	Levotec tabs 50mcg		Y	Y
2237215	TCH	Levotec tabs 75mcg		Y	Y
2237216	TCH	Levotec tabs 100mcg		Y	Y
2237217	TCH	Levotec tabs 112mcg		Y	Y
2237218	TCH	Levotec tabs 125mcg		Y	Y
2237219	TCH	Levotec tabs 150mcg		Y	Y
2237220	TCH	Levotec tabs 175mcg		Y	Y
2237221	TCH	Levotec tabs 200mcg		Y	Y
2237222	TCH	Levotec tabs 300mcg		Y	Y
2238403	APX	Apo-Methoprazine tabs 2mg		Y	Y

2068036	MRR	Sabril pwr sachet 0.5g		Y	
2237244	GLA	Flovent Diskus blstr 50mcg		Y	
		NEW BENEFITS (cont'd)			
<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>SHORT TERM</u>	<u>LONG TERM</u>	<u>Eligible for Plan G</u>
2237245	GLA	Flovent Diskus blstr 100mcg		Y	
2237246	GLA	Flovent Diskus blstr 250mcg		Y	
2237247	GLA	Flovent Diskus blstr 500mcg		Y	
2237682	NOP	Novo-Norfloxacin tabs 400mg	Y		
2229524	APX	APO-Norflo tabs 400mg	Y		
2231543	PMS	PMS-Carbamazepine SR tabs 200mg		Y	Y
2231544	PMS	PMS-Carbamazepine SR tabs 400mg		Y	Y

#### NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

***The following new products will be included as benefits under the LCA Program***

#### ***Benefit Groups A, B, C, E, & F***

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2237385	ODN	Ferodan drops 75mg/ml	F			Y	
2237600	PMS	PMS-Atenolol tabs 50mg	F			Y	Y
2237601	PMS	PMS-Atenolol tabs 100mg	F			Y	Y
2236399	ODN	Anodan-HC supp	F			Y	
2227479	GPM	Gen-Cimetidine tabs 800mg	F			Y	
2231052	NXP	Nu-Diltiaz CD caps 120mg	F			Y	
2231053	NXP	Nu-Diltiaz CD caps 180mg	F			Y	
2231054	NXP	Nu-Diltiaz CD caps 240mg	F			Y	
2238404	APX	Apo-Methoprazine tabs 5mg	F			Y	Y

2238405	APX	Apo-Methoprazine tabs 25mg	F			Y	Y
2238406	APX	Apo-Methoprazine tabs 50mg	F			Y	Y
2237250	KNR	Alti-Tryptophan tabs 1g	F			Y	Y
		LCA/RDP (cont'd)					
<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2122197	NXP	Nu-Ketocon tabs 200mg	F			Y	
2231192	NXP	Nu-Fluvoxamine tabs 50mg	F			Y	Y
2231193	NXP	Nu-Fluvoxamine tabs 100mg	F			Y	Y
2231702	PMS	PMS-Bromocriptine caps 2.5mg	F			Y	Y
2236949	PMS	PMS-Bromocriptine caps 5mg	F			Y	Y
2238577	NXP	Nu-Beclomethasone spr 50mcg	F			Y	
2237830	NXP	Nu-Valproic caps 250mg	F			Y	Y
2237885	GPM	Gen-Acebutolol tabs 100mg	F			Y	
2237886	GPM	Gen-Acebutolol tabs 200mg	F			Y	
2237887	GPM	Gen-Acebutolol tabs 400mg	F			Y	
2238370	APX	APO-Valproic syr 250mg/5ml	F			Y	Y
2238596	GPM	Gen-Zopiclone tabs 7.5mg	F		Y		

## NON BENEFITS

***The following products are non-benefits for all Pharmacare Plans and are not eligible for special authority***

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
2230201	NOP	Novo-Ketorolac tabs 10mg
2229080	APO	Apo-Ketorolac tabs 10mg
2236859	RBT	Agrylin caps 0.5mg

## RESTRICTED BENEFITS

Special Authority Only (criteria follows)

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>
2182882	FRS	Cozaar tabs 100mg		Y
2047454	JAN	Sporanox caps 100mg	Y	
		RESTRICTED BENEFITS (cont'd)		
<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>
2237224	AST	Oxeze Turbuhaler 12mcg		Y
2231129	UNK	Serevent Diskhaler 50mcg		Y

Cozaar® (losartan)

- for patients who experience an intractable cough with other ACE inhibitors.

Sporanox® (itraconazole)

- for the pulse therapy treatment of onychomycosis of the fingernails and/or of the toenails causing functional disability, confirmed by positive KOH examination and/or fungal culture performed in a licensed laboratory.

Oxeze Turbuhaler® (formoterol)

- only for patients experiencing breakthrough symptoms when given optimal corticosteroid and short-acting beta agonist therapy. Respiriologists and allergists will be exempt from the special authority process and general practitioners may apply for special authority if patient meets the above criteria.

Serevent Diskus® (salmeterol)

- only for patients experiencing breakthrough symptoms when given optimal corticosteroid and short-acting beta agonist therapy. Respiriologists and allergists will be exempt from the special authority process and general practitioners may apply for special authority if patient meets the above criteria.

NEW DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until review of the new drugs has been completed.

grepafloxacin (RAXAR®) tamsulosin hydrochloride (FLOMAX®)

interferon beta 1-a (AVONEX®) bupropion hydrochloride (WELLBUTRIN®)

irbesartan (AVAPRO®) naratriptan hydrochloride (AMERGE®)

ranitidine bismuth citrate (PYLORID®) (resubmission) levonorgestrel+ethinyl estradiol (ALESSE®)

nadroparin (FRAXIPARINE ® ) interferon beta-la (REBIF ® )

glatiramer acetate (COPAXONE ® ) ganciclovir (CYTOVENE ® )

quetiapine (SEROQUEL ® ) brimonidine (ALPHAGAN ® )

pramipexole dihydrochloride (MIRAPEX ® ) olopatadine 0.1% (PATANOL ® )

micronized progesterone(PROMETRIUM ® )(resubmission)



Last Revised: July 21, 2005





## PHARMACARE NEWSLETTER

December 9, 1998

98-11

### ***PLEASE CIRCULATE AMONG DISPENSING STAFF***

#### ONCOLOGY DRUG BENEFITS CHANGING

With ever-expanding expensive new drug therapy, Pharmacare constantly reviews the current program benefits to ensure that British Columbia is able to maintain one of the best universal drug programs in Canada.

As a result of an ongoing review of current Pharmacare benefits, several products have been identified which are single indication oncology drugs funded by the British Columbia Cancer Agency.

These medications will not be covered by Pharmacare under any Plan effective **January 1, 1999**. The specific products (including all strengths of injectable forms) are as follows:

Bleomycin sulfate, carmustine, cisplatin, cyclophosphamide, dacarbazine, dactinomycin, daunorubicin HCl, doxorubicin HCl, etoposide, fluorouracil, melphelan, mitomycin, mitoxantrone HCl, teniposide, thiotepa, vinblastine, vinblastine sulfate.

Pharmacies requiring further clarification can contact the PharmaNet Help Desk.

#### CHANGES TO LCA - FEBRUARY 1, 1999

Effective **February 1, 1999**, only those drugs that have the LOWEST price will be designated as full LCA benefits. Pharmacare will set the LCA price at the cost of the alternative with the lowest average Pharmacare claimed price of all the alternatives within an LCA category. Full LCA benefit status will generally be limited to a single product and manufacturer, while the remaining products will be partial benefits. Although many of these products have identical manufacturers' list prices, Pharmacare cost experience can vary significantly among the available low cost alternatives. Because the LCA price is based on Pharmacare payment data, drugs with the same list price do not automatically have the same LCA benefit status.

Claims received for drugs which are designated as partial benefits will be fully reimbursed only if the submitted drug cost is less than or equal to the LCA price. If the drug cost is higher than the LCA price, the claim will be reduced to the LCA price and the client required to pay the difference in cost. Only those drugs which are designated as full benefits will be adjudicated at the lesser of *Actual Acquisition Cost (AAC)* or the *Maximum Price*, as defined by the *Maximum Price Policy*.

In recognition of the workload, Pharmacare will endeavour to keep changes to LCA/RDP prices at a minimum. We will closely monitor the impact of this change in LCA policy on Pharmacare cost experience and modify our methodology accordingly. It is contemplated that a new book will be issued approximately every six months, giving, whenever possible, 6-8 weeks notice of any impending changes in benefit status or prices. New categories may be introduced between publication dates, but as with the actual book, Pharmacare will try to provide reasonable notice. Only substantive changes in price will dictate changes to benefit status. New generic products within existing categories will continue to be added as they become available. LCA prices will be published so pharmacists can easily determine what amount of the cost of the product they wish to dispense will be covered.

The LCA/RDP book should **not** be considered an endorsement of the interchangeability of any products identified. In those situations where the products are not legally interchangeable, pharmacists are advised to consult with the prescriber and obtain the appropriate legal authority to dispense a low cost alternative or reference-drug product. For the purposes of LCA, pricing is based on the same chemical entity, recognizing the strength and dosage form that provides the best value.

VIRAMUNE® (nevirapine) and VIRACEPT® (nelfinavir)

Viramune® (nevirapine) and Viracept® (nelfinavir), anti retroviral agents indicated for the treatment of human immunodeficiency virus (HIV) infection, fall under the mandate of the British Columbia Center for Excellence in HIV/AIDS and will not be covered through Pharmacare. Patients requiring treatment with either Viracept® or Viramune® should be directed to the Centre for Excellence in HIV/AIDS.

CYTOVENE® (Oral Ganciclovir)

As a result of recent discussions with British Columbia Transplant Society (BCTS), it has been determined that BCTS is the appropriate agency for funding oral ganciclovir for transplant patients. BCTS is currently in the process of developing protocols for this drug and coverage for ganciclovir will be provided through the BCTS.

HUMALOG® (Insulin Lispro)

Effective immediately, Pharmacare will provide partial reimbursement for Humalog® (insulin lispro). Reimbursement for Humalog® will be provided up to the average Pharmacare claimed price of human biosynthetic regular (short-acting) insulin, subject to usual plan eligibility requirements and deductibles. Patients will be required to pay the difference in cost between Pharmacare's maximum price (currently \$1.9567 per ml) and the claimed price for Humalog®.

COTAZYM ECS 4® (amylase/lipase/protease)

Effective immediately, Cotazym ECS 4 capsules (DIN 2181215) will be available as a benefit for all plans including A, B, C, E, F

and D (registered cystic fibrosis patients).

PHISOHEX® (hexachlorophene)

Effective **January 1, 1999**, hexachlorophene 3% liquid, will no longer be available as an eligible benefit under the Pharmacare Program.

## NEW BENEFITS

*The following new drugs have been included as eligible Pharmacare benefits on Plans A, B, C, E and F*

DIN	MAN	DRUG NAME	Short Term	Long Term	Eligible for Plan G	Triplicate
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2238525	TPA*	Hp-PAC combo.pkg Pharmacists should claim as quantity (1)	Y			
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2237514	YNO	Cipro oral susp 100mg/ml	Y			
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2143291	ALL	Ocuflox oph soln 0.3%	Y			
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2239068	TAR	Taro-Desoximetasone crm 0.05%		Y		
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2239069	TAR	Taro-Desoximetasone crm 0.25%		Y		
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2230732	SAW	Trinipatch 0.2mg/HR patch		Y		
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2230733	SAW	Trinipatch 0.4mg/HR patch		Y		
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NEW BENEFITS  
(cont'd)

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>	<u>Triplicate</u>
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2230734	SAW	Trinipatch 0.6mg/HR patch		Y		
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2238604	PMS	PMS-Potassium chloride liq 10%		Y		
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2145758	NOP	Gentamicin sulphate inj USP 40mg/ml	Y			
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1966367	TCH	Methoxisal caps C 1/4	Y			
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1966375	TCH	Methoxisal caps C 1/2	Y			
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2236974	WAY	Alesse 21 tabs		Y		
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2236975	WAY	Alesse 28 tabs		Y		
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2232748	FAU	Methylprednisolone sodium succinate inj.	Y			
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2232750	FAU	Methylprednisolone sodium succinate inj.	Y			
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2137267	FAU	Morphine sulphate inj. 50mg/ml		Y		Y
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\*TPA is a division of ABBOTT

## NEW PRODUCTS CATEGORIZED TO LCA and/or RDP

*The following new products will be included as benefits under the LCA Program for Benefit Groups A, B, C, E, & F*

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2177714	PMS	PMS-Nizatidine caps 150mg	F	P		Y	
2177722	PMS	PMS-Nizatidine caps 300mg	F	P		Y	
2238417	TCH	Sotamol tabs 80mg	F			Y	
2238415	TCH	Sotamol tabs 160mg	F			Y	
2238796	APX	APO-Beclothesone spr 50mcg	F			Y	
2238560	APX	APO-Flutamide tabs 250mg	F			Y	
2210517	PMS	Egozinc HC supp 10mg	F			Y	
2209764	PMS	Egozinc HC oint 0.5%	F			Y	
2238326	PMS	Sotalol tabs 80mg	F			Y	
2238327	PMS	Sotalol tabs 160mg	F			Y	

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>LCA</u>	<u>RDP</u>	<u>Short Term</u>	<u>Long Term</u>	<u>Eligible for Plan G</u>
2231536	PMS	PMS-Pindolol tabs 5mg	F			Y	
2231537	PMS	PMS-Pindolol tabs 10mg	F			Y	
2231539	PMS	PMS-Pindolol tabs 15mg	F			Y	
2231679	PMS	PMS-Ketotifen syr 1mg/5ml	F			Y	

## RESTRICTED BENEFITS

*Special Authority Only (criteria follows)*

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>	<u>Short Term</u>	<u>Long Term</u>
2139650	JOU	ADEKS-DPS drops		Y
2031388	JOU	ADEKS tabs		Y

2237923	SAW	Avapro <sup>®</sup> (irbesartan) tabs 75mg	Y
2237924	SAW	Avapro <sup>®</sup> (irbesartan) tabs 150mg	Y
2237925	SAW	Avapro <sup>®</sup> (irbesartan) tabs 300mg	Y
2236876	ALL	Alphagan <sup>®</sup> (brimonidine) ophth soln 0.2%	Y

#### ADEKS<sup>®</sup>

- for children with rare cholestatic liver diseases (including biliary atresia, alpha-1 antitrypsin, neonatal hepatitis and Alagille syndrome) who lack adequate amounts of bile acids, which in turn leads to poor absorption of the fat soluble vitamins (ADEK). These vitamins are important for normal growth and for the clotting mechanism in children.

#### Avapro<sup>®</sup> (irbesartan)

- for the treatment of hypertension in patients who have experienced a severe intractable cough with ACE inhibitors.

#### Alphagan<sup>®</sup> (brimonidine)

- as adjunct therapy in patients who either cannot tolerate, who experience inadequate response, or in whom an ophthalmic beta-blocking agent is contraindicated.

### NON BENEFITS

<u>DIN</u>	<u>MAN</u>	<u>DRUG NAME</u>
2237820	GLA	Amerge <sup>®</sup> (naratriptan) tabs 1mg
2233143	ALC	Patanol <sup>®</sup> (olopatadine) ophth soln 0.1%
2186802	HLR	Cytovene <sup>®</sup> (ganciclovir) caps 250mg
2238028	TCH	Fexicam <sup>®</sup> (piroxicam) supp 20mg
2237910	NXP	NU-Ketorolac <sup>®</sup> (ketorolac) tabs 10mg
2237370	APX	APO-Fluconazole tabs 50mg (first generic available)
2237371	APX	APO-Fluconazole tabs 100mg (first generic available)
2155850	UNK	Gliclazide tabs 80mg

### NEW DRUGS UNDER REVIEW

The following new drug submissions are currently under review by the Therapeutics Initiative, Pharmacoeconomics Initiative and the Drug Benefit Committee of Pharmacare. No special authorities will be granted until review of the new drugs has been completed.

grepafloxacin (RAXAR<sup>®</sup>) tamsulosin hydrochloride (FLOMAX<sup>®</sup>)  
interferon beta 1-a (AVONEX<sup>®</sup>) bupropion hydrochloride (WELLBUTRIN<sup>®</sup>)  
ranitidine bismuth citrate (PYLORID<sup>®</sup>)(resubmission) nadroparin

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(FRAXIPARINE ) interferon beta-la (REBIF ) glatiramer acetate (COPAXONE )  
quetiapine (SEROQUEL®) zolmitriptan (ZOMIG®) pramipexole dihydrochloride  
(MIRAPEX®) montelukast sodium (SINGULAIR®)  
betaine (CYSTADANE®) mometasone furoate (NASONEX®) micronized  
progesterone(PROMETRIUM®)(resubmission) clopidrogel (PLAVIX®)  
bupropion (ZYBAN®) alprostadil (MUSE®)  
estrodiol transdermal gel (ESTROGEL®) desmopressin acetate (OCTOSTIM®)



Last Revised: July 21, 2005

