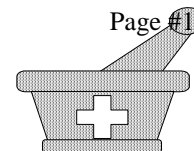


# PHARMACARE NEWSLETTER

Page #1

March 22, 2002  
02-02

Web site: <http://www.healthservices.gov.bc.ca/pharme/newsletter/index.html>



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## **Plan B invoices**

Invoices for the monthly capitation rate for fiscal year 2001/2002 (April 2001 to March 2002) must be received by Pharmacare no later than April 15, 2002. To ensure that expenses are captured in the appropriate fiscal year, late invoices will not be processed for payment.

## **Methadone for Pain - Clarification**

Concurrent with the new Methadone Maintenance Program (introduced May 1, 2001), Pharmacare also issued PINs as listed below, for dispensation of methadone for pain.

PINs for Methadone used in the treatment of **pain**.

<b>Methadone PIN and Description</b>	<b>Maximum Price</b>
66124065 pain suppositories	dependent on strength
66124066 pain 1 mg/ml	\$0.02/ml
66124067 pain 2 mg/ml	\$0.02/ml
66124068 pain 5 mg/ml	\$0.03/ml
66124069 pain 10 mg/ml	\$0.05/ml
66124070 pain 20 mg/ml	\$0.08/ml
66124071 pain 25 mg/ml	\$0.09/ml

### **Please Note;**

There is *no Pharmacare coverage* for methadone for pain when dispensed as capsules or any alternate dosage form, other than those tabulated as above.

In rare cases, where dosage forms other than liquid or suppositories are prescribed, please use the narcotic compound *non-benefit* PIN 66123367.

## **Glaucoma Medications: Benefit Coverage Change**

Pharmacare recently reviewed the limited coverage status of ophthalmic preparations for glaucoma therapy. Effective immediately, the following products will be listed as regular Pharmacare benefits and will no longer require prior approval for coverage.

<b>DIN NO.</b>	<b>DRUG NAME</b>
2236876	briminodine (Alphagan®)
2238873	brinzolamide (Azopt®)
2216205	dorzolamide (Trusopt®)
2231493	latanoprost (Xalatan®)
2240113	dorzolamide + timolol (Cosopt®)

02-02  
 March 22, 2002

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**Special Services Fees**

The number of Special Services Fees paid by Pharmacare for the last twelve months are:

Date	Number of Fees
March 2001	4826
April 2001	4391
May 2001	5000
June 2001	5330
July 2001	5067
August 2001	5354
September 2001	4884
October 2001	5602
November 2001	5405
December 2001	5149
January 2002	3244
February 2002	2981

**BENEFITS**

*The following new products have been included as eligible Pharmacare benefits for Plans A, B, C, E and F:*

DIN	MAN	DRUG NAME	Short Term	Long Term	Plan G Eligible	Palliative Care Eligible
2244999	SIL	Sab-Pentason 3mg/ml + 1mg/ml	Y			
2244393	APX	Apo-Cefuroxime tabs 250mg	Y			Y
2244394	APX	Apo-Cefuroxime tabs 500mg	Y			Y
2244291	UNK	Flovent HFA (fluticasone propionate) aer w/adap 50mcg		Y		
2244292	UNK	Flovent HFA (fluticasone propionate) aer w/adap 125mcg		Y		
2244293	UNK	Flovent HFA (fluticasone propionate) aer w/adap 250mcg		Y		
2238998	ROP	RHO-Nitro pumpspray (nitroglycerin) aer 0.4mg/dose		Y		Y
2243005	BEX	Mirena® (levonorgestrel-releasing intrauterine system)		Y		
2243595	SCH	Azmax® (mometasone furoate) twisthaler 200mcg/dose		Y		
2243596	SCH	Azmax® (mometasone furoate) twisthaler 400 mcg/dose		Y		

02-02  
March 22, 2002

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### **NON BENEFITS**

*Pharmacare's Drug Benefit Committee recently completed the review of the following products and recommended that these products not be added as benefits under the program:*

<b>DIN</b>	<b>MAN</b>	<b>DRUG NAME</b>
2241472	HLR	Tamiflu® (oseltamivir phosphate) caps 75mg
2243861	LEO	Fucithalmic® (fusidic acid 1%) ophthalmic solution without preservative
2243862	LEO	Fucithalmic® (fusidic acid 1%) ophthalmic solution with preservative
2239653	PMS	Androderm® (transdermal testosterone) patches 2.5mg
2240775	NVR	Miacalcin® salmon calcitonin nasal spray
2242920	GPM	Gen-Hydroxyurea (hydroxyurea) caps 500mg

#### **Gen-Hydroxyurea (hydroxyurea)**

Hydroxyurea is available through the BC Cancer Agency for cancer patients. Coverage for non-cancer indications will be considered by Pharmacare on an exceptional basis through the Special Authority process.

02-02  
 March 22, 2002

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**LCA UPDATES**

**New LCA Categories**

*Please be advised that the following drugs will be a new LCA Category effective April 1, 2002*

LCA CATEGORY (CHEMICAL NAME)	DIN	DRUG NAME	MAN	LCA STATUS FULL/ PARTIAL	LCA PRICE
Gentamicin Sulfate/ Betamethasone Sod Phos Sol 3mg/ml, 1mg/ml	02244999 00682217	Sab-Pentasono Oph/Otic Sol Garasone Eye/Ear Sol	SIL SCH	F P	1.4638

**LCA Price Adjustment (Amendment to Newsletter 01-17, December 21, 2001)**

Please note that effective March 1, 2002, the LCA price for the new category, Misoprostol Tab 200mcg, will be set at 0.3392 and not 0.2827 as previously reported.

**LCA Price Changes**

As a result of significant increases in manufacturer prices, the LCA prices for the following LCA categories have changed.

DRUG NAME	OLD LCA PRICE	NEW LCA PRICE	EFFECTIVE DATE OF CURRENT LCA PRICE
Amitriptylline tabs 10mg	\$0.0079	\$0.0539	February 1, 2002
Amitriptylline tabs 25mg	\$0.0101	\$0.1033	February 1, 2002
Amitriptylline tabs 50mg	\$0.0207	\$0.1921	February 1, 2002
Amitriptylline tabs 75mg	\$0.1936	\$0.2273	February 1, 2002
Diazepam tabs 10mg	\$0.0102	\$0.1080	February 1, 2002
Diazepam tabs 2mg	\$0.0085	\$0.0634	February 1, 2002
Diazepam tabs 5mg	\$0.0076	\$0.0934	February 1, 2002
Furosemide tabs 20mg	\$0.0076	\$0.0462	January 23, 2002
Furosemide tabs 40mg	\$0.0083	\$0.0687	January 23, 2002
Furosemide tabs 80mg	\$0.0166	\$0.1374	January 23, 2002
Hydrochlorothiazide tabs 25mg	\$0.0072	\$0.0490	January 23, 2002
Hydrochlorothiazide tabs 50mg	\$0.0083	\$0.0685	January 23, 2002
Hydrochlorothiazide tabs 100mg	\$0.0166	\$0.1370	January 23, 2002
Imipramine tabs 75mg	\$0.2374	\$0.3825	February 1, 2002
Imipramine tabs 25mg	\$0.0132	\$0.1713	January 25, 2002
Imipramine tabs 50mg	\$0.0210	\$0.3182	January 25, 2002
Prednisone tabs 5mg	\$0.0106	\$0.0270	January 23, 2002
Tetracycline caps 250mg	\$0.0200	\$0.0659	January 23, 2002

02-02  
March 22, 2002

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### **Status Change from "P" (PARTIAL) to "F" (FULL)**

DIN	MAN	BRAND NAME
572349	ODN	Colchicine (colchicine) tabs 0.6mg
598933	TAR	Tiamol Cream 0.05%

Product discontinuation has resulted in the above status changes

### **Products Removed from LCA**

Due to product unavailability or discontinuation, the following categories have been removed from the LCA Program:

- thioridazine oral solution 30mg/ml
- trifluoperazine liquid 10mg/ml
- folic acid tablets 5mg
- triamcinolone acetonide cream 0.025%

### **New Procedures for Low Cost Alternative (LCA) Product Shortages**

In the past, a 24-hour Special Authority was issued for each patient to allow coverage of a designated LCA "P" Partial alternative product until the shortage of the full LCA product was over.

Effective immediately, these individual Special Authorities will no longer be required. When there is a confirmed shortage of a Full LCA benefit, the PharmaNet restriction flag on one of the designated partial alternatives will be removed. This will allow pharmacies affected by a shortage to dispense the next available lowest average priced product in the category without Special Authority.

Pharmacies may contact the HelpDesk to:

- report shortages
- obtain the appropriate DIN for an alternative product
- receive information on the expected duration of the shortage

**Important:** Not all the alternatives in a category will be fully covered. Since most shortages are of limited duration, we recommend that you inquire about the anticipated duration of the shortage before ordering an inventory of alternative drug. When the shortage is over, LCA restriction flags will be reinstated.

02-02  
March 22, 2002

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### **NEW PRODUCTS CATEGORIZED to LCA and/or RDP**

*The following new products under the Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) have been included as eligible Pharmacare benefits for Plans A, B, C, E & F:*

DIN	MAN	DRUG NAME	FULL/ PARTIAL	LCA/RDP Price	Short Term	Long Term	Plan G Eligible	Eligible for Palliative Care
2243978	PMS	PMS-Codeine (codeine phos) tabs 15mg	P	0.0560	Y			Y
2243979	PMS	PMS-Codeine (codeine phos) tabs 30mg	P	0.0812	Y			Y
2244166	APX	Apo-Fluphenazine (fluphenazine decanoate) vial 25mg/ml	P	4.9208		Y	Y	
2242907	APX	Apo-Azathioprine (azathioprine) tabs 50mg	P	0.5643		Y		
2244790	KNR	Alti-Morphine sulfate SR (morphine sulfate) tabs SA 15mg	P	0.3754	Y			Y
2244791	KNR	Alti-Morphine sulfate SR (morphine sulfate) tabs SA 30mg	P	0.6389	Y			Y
2244792	KNR	Alti-Morphine sulfate SR (morphine sulfate) tabs SA 60mg	P	1.1431	Y			Y
2244838	PMS	PMS Sertraline caps 25mg	F	0.5798		Y	Y	Y
2244839	PMS	PMS Sertraline caps 50MG	F	1.1596		Y	Y	Y
2244840	PMS	PMS Sertraline caps 100MG	F	1.2663		Y	Y	Y
2245101	PMS	PMS Nefazodone tabs 50mg	P	0.5230		Y	Y	Y
2245102	PMS	PMS Nefazodone tabs 100mg	P	0.5683		Y	Y	Y
2245103	PMS	PMS Nefazodone tabs 150mg	P	0.5639		Y	Y	Y
2245111	PMS	PMS Nefazodone tabs 200mg	P	0.6664		Y	Y	Y
2244022	APX	APO-Misoprostol (misoprostol) tabs 100mcg	F	0.2037		Y		
2244023	APX	APO-Misoprostol (misoprostol) tabs 250mcg	F	0.3392		Y		

02-02  
March 22, 2002

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**LIMITED COVERAGE DRUGS**

*Special Authority Only (criteria follow)*

DIN	MAN	DRUG NAME	Short Term	Long Term
2242821	RXP	Rhoxal (cyclosporine) caps 100mg		Y
2243684	PHD	Zyvoxam® (linezolid) 600 mg tabs	Y	

**Cyclosporine (Rhoxal®) caps 100mg**

- for the indications of rheumatoid arthritis, psoriasis, severe ocular inflammatory diseases and nephrotic syndrome.

**Linezolid (Zyvoxam®)**

- for treatment of vancomycin resistant enterococcus infections

**or**

- for the treatment of methicillin-resistant staphylococcus aureus in patients who are unresponsive to or intolerant of parenteral vancomycin

In addition, infectious disease specialists will be exempt from the special authority process.

**DRUGS UNDER REVIEW**

*The following drug submissions are currently under review by the Drug Benefit Committee of Pharmacare:*

alfuzosin (XATRAL®)  
ancestim (STEMGEN®)  
bisoprolol (MONOCOR®), resubmission  
bosentan (TRACLEER®)  
botulinum toxin (BOTOX®), new indication  
donepezil (ARICEPT®), resubmission  
entacapone (COMTAN®)  
eprosartan (TEVETEN®), resubmission  
esomeprazole magnesium trihydrate (NEXIUM®)  
etanercept (ENBREL®)  
filgrastim (NEUPOGEN®), new indication  
galantamine hydrobromide (REMINYL®)

infliximab (REMICADE®)  
mometasone nasal spray (NASONEX®), resubmission  
olanzapine (ZYPREXA®), resubmission  
peginterferon alfa-2b (PEG-INTRON®)  
pioglitazone (ACTOS®), resubmission  
repaglinide (GLUCONORM®), resubmission  
rivastigmine (EXELON®), resubmission  
rosiglitazone (AVANDIA®), resubmission  
sibutramine hydrochloride (MERIDIA®)  
tacrolimus ointment 0.03% & 0.1% (PROTOPIC®)  
travatan (TRAVATAN®) oph soln 0.004%