

Drugs requiring application to the BC PharmaCare Special Authority program

Drugs listed may be eligible for reimbursement by the BC PharmaCare Special Authority program. Plan members should access additional coverage opportunities before submitting expenses to Pacific Blue Cross. This helps control cost and ensures the long-term sustainability of your Pacific Blue Cross drug plan.

When prescribed a drug below, you will be advised to have your physician apply for coverage under PharmaCare's Special Authority Program.*

Regardless of PharmaCare's decision to cover the drug, a copy of the decision must be submitted to Pacific Blue Cross with the drug receipt in order to be eligible for reimbursement. This is only required the first time the expense is claimed under your Pacific Blue Cross drug plan.

Blue RX Plan Members — In order to be eligible for reimbursement, the Special Authority application **MUST** be approved by PharmaCare.

BRAND NAME	CHEMICAL NAME	USES	ELIGIBLE STRENGTHS/DOSAGES
Actemra	Tocilizumab	Rheumatoid Arthritis	80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL vial
Arava	Leflunomide	Rheumatoid Arthritis	10 mg, 20 mg tablet
Avonex	Interferon beta-1a	Multiple Sclerosis	30 mcg/0.5 mL syringe
Banzel	Rufinamide	Lennox-Gastaut syndrome	100mg, 200mg, 400 mg tablet
Baraclude (including generic)	Entecavir	Chronic Hepatitis B	0.5 mg tablet
Betaseron	Interferon beta-1b	Multiple Sclerosis	0.3 mg vial
Cayston	Aztreonam	Pneumonia	75 mg vial
Cimzia	Certolizumab	Rheumatoid Arthritis	400 mg/2 mL syringe
Copaxone	Glatiramer Acetate	Multiple Sclerosis	20 mg vial
Dificid	Fidaxomicin	Clostridium Difficile	200 mg
Duragesic-100	Fentanyl	Chronic Pain	100 mcg/hr transdermal patch
Enbrel	Etanercept	Immune-mediated inflammatory disorders	50 mg/mL syringe; 25 mg vial
Exjade	Deferasirox	Iron overload	125 mg, 250 mg, 500 mg tablet
Extavia	Interferon beta-1b	Multiple Sclerosis	0.3 mg vial

NOTE — This list may change based on drug coverage revisions by PharmaCare.

* If approved, the cost will be applied toward your PharmaCare deductible. Once the PharmaCare deductible has been satisfied, PharmaCare will pay a portion or all of the cost of the prescription. Expenses not covered by PharmaCare may be covered under your PBC extended health care plan. Integration between PharmaCare and PBC coverage helps lower costs and ensures sustainability of drug coverage.

BRAND NAME	CHEMICAL NAME	USES	ELIGIBLE STRENGTHS/DOSAGES
Flolan	Epoprostenol	Pulmonary Arterial Hypertension	1.5 mg vial
Fragmin	Dalteparin	Prevent clots	10,000 IU, 12, 500 IU, 15,000 IU and 18,000 IU syringes; 25,000 IU/mL vial
Fycompa	Perampanel	Partial onset seizures	2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablet
Gilenya	Fingolimod	Multiple Sclerosis	0.5 mg capsule
Hepsera	Adefovir	Chronic Hepatitis B	10 mg tablet
Humatrope	Somatropin	Growth hormone deficiency	6 mg, 12 mg, 24 mg cartridge; 5 mg vial
Humira	Adalimumab	Immune-mediated inflammatory disorders	40 mg vial
Hydromorp Contin CR	Hydromorphone Controlled Release	Chronic pain	30 mg capsule
Incivek	Telaprevir	Chronic Hepatitis C	375 mg tablet
Intron A	Interferon alfa-2b	Chronic Hepatitis B	All products
Invega Sustenna	Paliperidone	Schizophrenia	50 mg/0.5 mL, 75 mg/0.75 mL, 100 mg/mL, 150 mg/1.5 mL
Jurnista	Hydromorphone Extended Release	Chronic pain	16mg, 32mg tablet
Keppra	Levetiracetam	Epilepsy	500 mg, 750 mg tablets
Lioresal Intrathecal	Baclofen Intrathecal	Spasticity due to MS	0.05mg/ml, 0.5 mg/mL, 2 mg/mL ampule
Lupron Depot	Leuprolide	Hormone therapy	All products
Mirapex	Pramipexole	Parkinson's disease	0.5 mg, 1 mg, 1.5 mg tablets
Neoral	Cyclosporine	Immunosuppressant	100mg/ml oral solution, 100mg capsules
Nutropin	Somatropin	Growth hormone deficiency	All products
Omnitrope	Somatropin	Growth hormone deficiency	5 mg/1.5 ml cartridge; 10 mg/1.5 ml cartridge
Orencia	Abatacept	Rheumatoid Arthritis	250 mg vial
Pegasys Rbv	Ribavirin in combination with Peginterferon alfa-2a	Chronic Hepatitis C	All products
Pegatron	Ribavirin in combination with Peginterferon alfa-2b	Chronic Hepatitis C	All products

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BRAND NAME	CHEMICAL NAME	USES	ELIGIBLE STRENGTHS/DOSAGES
Rebif	Interferon beta-1a	Multiple Sclerosis	All products
Remicade	Infliximab	Immune-mediated inflammatory disorders	100 mg vial
Remodulin	Treprostinil	Pulmonary Arterial Hypertension	All products
Requip	Ropinirole	Parkinson's disease	5 mg tablet
Risperdal Consta	Risperidone	Antipsychotic	37.5 mg/2 mL, 50 mg/2 mL vial
Rituxan	Rituximab	Rheumatoid Arthritis	10 mg/mL vial
Saizen	Somatropin	Growth hormone deficiency	All products
Simponi	Golimumab	Immune-mediated inflammatory disorders	50 mg/0.5 mL PF syringe; 50 mg/0.5 mL auto injector
Stalevo	Carbidopa/Entacapone/ Levodopa	Parkinson's disease	All products
Stelara	Ustekinumab	Psoriasis	45 mg/0.5 mL vial; 90 mg/1 mL syringe
Tecfidera	Dimethyl fumarate	Multiple Sclerosis	120 mg, 240 mg
Tobi Nebules	Tobramycin	Pneumonia	300 mg/5 mL nebule
Tobi Podhaler	Tobramycin	Pneumonia	28 mg capsule
Toctino	Alitretinoin	Severe chronic hand eczema	10 mg, 30 mg capsules
Tracleer (including generic)	Bosentan	Pulmonary Arterial Hypertension	62.5 mg, 125 mg tablet
Tysabri	Natalizumab	Multiple Sclerosis	300 mg/15 mL vial
Vancocin	Vancomycin	Clostridium Difficile	250 mg capsule
Vfend	Voriconazole	Fungal infection	50 mg, 200 mg tablet
Victrelis	Boceprevir	Chronic Hepatitis C	200 mg tablet
Victrelis Triple	Boceprevir/Ribavirin/ Peginterferon alfa-2b	Chronic Hepatitis C	All products
Vimpat	Lacosamide	Epilepsy	200 mg tablet
Viread	Tenofovir	Chronic Hepatitis B	300 mg tablet
Volibris	Ambrisentan	Pulmonary Arterial Hypertension	5 mg, 10 mg tablets
Zofran	Ondansetron	Nausea and vomiting associated with chemotherapy	2 mg/mL vial
Zyvoxam	Linezolid	Hospital acquired infections	600 mg tablet

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