

# Drugs requiring application to the BC PharmaCare Special Authority program

Drugs listed here may be eligible for reimbursement by BC PharmaCare. Your drug must be approved by Special Authority from BC PharmaCare before your Pacific Blue Cross drug plan will cover it.

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 drug plan.

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

A copy of the approval 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 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 vials
Adcirca	Tadalafil	Pulmonary Arterial Hypertension	20mg tablet
Arava	Leflunomide	Rheumatoid Arthritis	10 mg, 20 mg tablets
Aubagio	Teriflunomide	Multiple Sclerosis	14 mg tablet
Avonex	Interferon beta-1a	Multiple Sclerosis	30 mcg/0.5 mL syringe
Banzel	Rufinamide	Lennox-Gastaut syndrome	100mg, 200mg, 400 mg tablets
Baraclude (including generic)	Entecavir	Chronic Hepatitis B	0.5 mg tablet
Betaseron	Interferon beta-1b	Multiple Sclerosis	0.3 mg vial
Caripul	Epoprostenol	Pulmonary Arterial Hypertension	0.5 mg, 1.5 mg vials
Cayston	Aztreonam	Pneumonia	75 mg vial
Cimzia	Certolizumab	Rheumatoid Arthritis	400 mg/2 mL syringe
Copaxone	Glatiramer Acetate	Multiple Sclerosis	20 mg/ 1mL syringe

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
Dificid	Fidaxomicin	Clostridium Difficile	200 mg tablet
Duragesic	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 tablets
Extavia	Interferon beta-1b	Multiple Sclerosis	0.3 mg vial
Flolan	Epoprostenol	Pulmonary Arterial Hypertension	0.5 mg, 1.5 mg vials
Fragmin	Dalteparin	Prevent clots	7,500 IU, 10,000 IU, 12, 500 IU, 15,000 IU, 18,000 IU and 25,000 IU syringes and vials
Fycompa	Perampanel	Partial onset seizures	2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets
Galexos	Simeprevir	Chronic Hepatitis C	150 mg tablet
Genotropin	Somatropin	Growth hormone deficiency	0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg, 5.3 mg, 12 mg syringes
Gilenya	Fingolimod	Multiple Sclerosis	0.5 mg capsule
Harvoni	Ledipasvir/Sofosbuvir	Chronic Hepatitis C	90 mg/400 mg tablet
Hepsera (including generic)	Adefovir	Chronic Hepatitis B	10 mg tablet
Holkira Pak	Dasabuvir/Ombitasvir/ Paritaprevir/Ritonavir	Chronic Hepatitis C	Combination pack
Humatrope	Somatropin	Growth hormone deficiency	6 mg, 12 mg, 24 mg cartridges; 5 mg vial
Humira	Adalimumab	Immune-mediated inflammatory disorders	40 mg vial
Hydromorph Contin CR	Hydromorphone Controlled Release	Chronic pain	30 mg capsule

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



<b>BRAND NAME</b>	<b>CHEMICAL NAME</b>	<b>USES</b>	<b>ELIGIBLE STRENGTHS/DOSAGES</b>
Ibavyr	Ribavirin	Antiviral	400 mg, 600 mg tablets
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
Jetrea	Ocriplasmin	Vitreomacular adhesion (VMA)	0.5 mg/0.2 mL vial
Jurnista	Hydromorphone Extended Release	Chronic pain	16mg, 32mg tablets
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 ampules
Lupron Depot	Leuprolide	Hormone therapy	All products
Mirapex	Pramipexole	Parkinson's disease	0.5 mg, 1 mg, 1.5 mg tablets
Neoral (including generic)	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	125 mg syringe, 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
Rebif	Interferon beta-1a	Multiple Sclerosis	All products
Remicade	Infliximab	Immune-mediated inflammatory disorders	100 mg vial
Remodulin	Treprostinil	Pulmonary Arterial Hypertension	All products

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

<b>BRAND NAME</b>	<b>CHEMICAL NAME</b>	<b>USES</b>	<b>ELIGIBLE STRENGTHS/DOSAGES</b>
Requip	Ropinirole	Parkinson's disease	5 mg tablet
Risperdal Consta	Risperidone	Antipsychotic	25 mg/2 mL, 37.5 mg/2 mL and 50 mg/2 mL vials
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
Sovaldi	Sofosbuvir	Chronic Hepatitis C	400 mg tablet
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 capsules
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 generics)	Bosentan	Pulmonary Arterial Hypertension	62.5 mg, 125 mg tablets
Tysabri	Natalizumab	Multiple Sclerosis	300 mg/15 mL vial
Vancocin	Vancomycin	Clostridium Difficile	250 mg capsule
Vfend	Voriconazole	Fungal infection	50 mg, 200 mg tablets and 200 mg vial
Victrelis	Boceprevir	Chronic Hepatitis C	200 mg capsule
Victrelis Triple	Boceprevir/Ribavirin/Peginterferon alfa-2b	Chronic Hepatitis C	All products
Vimpat	Lacosamide	Epilepsy	100 mg, 150 mg and 200 mg tablets
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

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