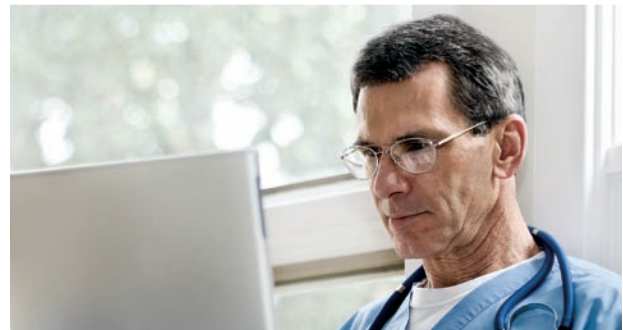


Drugs Requiring Application to PharmaCare Special Authority Program

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 (PBC). This helps control cost and ensures the long-term sustainability of your PBC 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 PBC with the drug receipt in order to be eligible for reimbursement. This is only required the first time the expense is claimed under your PBC drug plan.



*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	Generic Name	Strength/Dosage Form
Arava	Leflunomide	10mg, 20mg tablet
Avonex PS	Interferon Beta-1a	30mcg/0.5mL syringe
Baraclude	Entecavir	0.5mg tablet
Betaseron	Interferon Beta-1b	0.3mg vial
Cimzia	Certolizumab	200mg/mL syringe
Copaxone	Glatiramer Acetate	20mg vial
Duragesic-100	Fentanyl	100mcg/hr transdermal patch
Enbrel	Etanercept	50mg/mL syringe; 25mg vial
Exjade	Deferasirox	125mg, 250mg, 500mg tablet
Extavia	Interferon Beta-1b	0.3mg vial
Fragmin	Dalteparin	25,000u/mL vial
Hepsera	Adefovir	10mg tablet
Humatrope	Somatropin	6mg, 12mg, 24mg cartridge; 5mg vial
Humira	Adalimumab	40mg vial

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



Brand Name	Generic Name	Strength/Dosage Form
Hydromorp Contin CR	Hydromorphone Controlled Release	30mg capsule
Intron A	Interferon Alfa	All products
Lioresal Intrathecal	Baclofen Intrathecal	0.5mg/mL, 2mg/mL ampule
Lupron Depot	Leuprolide	All products
Nutropin	Somatropin	All products
Orencia	Abatacept	250mg vial
Oxycontin	Oxycodone Controlled Release	80mg tablet
Pegasys Rbv	Ribavirin in combination with	All products
Pegetron	Rivavirin in combination with	All products
Rebif	Interferon Beta-1a	All products
Remicade	Infliximab	100mg vial
Remodulin	Treprostinil	5mg, 10mg vial
Requip	Ropinirole	5mg tablet
Rituxan	Rituximab	10mg/mL vial
Saizen	Somatropin	All products
Simponi	Golimumab	50mg/0.5mL PF syringe; 50mg/0.5mL auto injector
Stelara	Ustekinumab	45mg/0.5mL vial
Tysabri	Natalizumab	300mg/15mL vial
Vancocin	Vancomycin	250mg capsule
Vfend	Voriconazole	50mg, 200mg tablet
Viread	Tenofovir	300mg tablet
Zofran	Ondansetron	2mg/mL vial
Zyvoxam	Linezolid	600mg tablet

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