

## BC Provincial Renal Agency Coverage of Medications

BC leads the country in renal medication coverage, with three drug formularies that ensure dialysis patients, kidney patients not on dialysis (eGFR <50 mL/min) and patients with glomerulonephritis have access to medications essential to their kidney care. This is one of many factors contributing to our patients having the highest survival rates in the country.

Even with extensive coverage, the agency periodically receives requests from renal health care providers to add new medications to its formularies or to provide exceptional coverage for medications not on the formularies. In most cases, there are few, or no other treatment options available, and they often involve medications with extraordinary costs.

### ***Our philosophy***

The BCPRA dialysis and non-dialysis formularies were created in the late 1990's to enhance BC PharmaCare coverage for a comprehensive and justified list of chronic medications essential for the care of chronic conditions in patients with kidney disease. In 2014, due to significant unmet needs and careful consideration, a new formulary was added to include a limited set of immunosuppressant medications to treat a rare group of glomerular diseases called glomerulonephritis. This was a unique situation, where the BCPRA could improve access to already funded treatments and reduce total provincial expenditure.

Ensuring transparent, equitable access to life and organ saving therapies as well as providing the right medications, to the right patient, at the right price are guiding principles for the BCPRA.

### ***How formulary decisions are made***

The internal process to review and decide which medications are funded by the BCPRA is a collaborative one, involving the Pharmacy & Formulary Committee, the Medical Advisory Committee, the Executive Committee and other relevant committees (the Glomerulonephritis Committee, the Kidney Care Committee, the Palliative Care Committee, the Hemodialysis Committee, the Peritoneal Dialysis Committee, and the Home Hemodialysis Committee). These committees are composed of interdisciplinary experts (nephrologists, pharmacists, nurses, dietitians, social workers administrators and patients) from each Health Authority Renal Program in the province.

Formulary planning is done annually, but relevant committees also meet ad hoc to discuss proposals. A decision to add a drug to the formularies involves a thorough evaluation of the clinical evidence as well as the evidence that it maximizes lives saved or health gained with the finite resources available. If required, the BCPRA works with Provincial Health Services Authority to assess funding needs and to advocate to the Ministry of Health for increased funding. The process is rigorous, fair and decisions are never easy given funding requests typically outstrip the dollars available.

If a medication is added to a formulary, algorithms, processes and protocols will be created to promote rationale and appropriate use. The BCPRA network of kidney experts also monitors and reviews the latest evidence to ensure patients using the medication do so safely and derive benefit.

### ***Exceptional requests for drug coverage***

There is an allowance, within justifiable limits, to fund certain formulations or brands of formulary medications (rather than a generic), due to patient-specific factors such as intolerance. However, the BCPRA does not have the infrastructure or allocated resources to adjudicate or fund one-off requests. These exceptional cases will be directed to third party insurance, BC PharmaCare or the manufacturer's compassionate release program. At this time, the BCPRA pharmacy and formulary committee only systematically reviews medications for addition to formulary.

If you have questions about medication coverage, please email us at [bcpra@bcpra.ca](mailto:bcpra@bcpra.ca).



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