

**BC Cancer Agency & Canadian Cancer Society
Financial Support Drug Program (FSDP) for Cancer Patients**

Drug Benefit List

Updated December 24, 2018

The FSDP will operate following rules established by the BC Pharmacare Program for the Reference Based Pricing (RBP) & the Low Cost Alternative (LCA) programs for the listed medications. See Pharmacare website at;

www.healthservices.gov.bc.ca/pharme/sa/criteria/restricted/restrictedtable.html.

However, only a small selection of Pharmacare Benefit Drugs is included in the FSDP Benefit Drug List. Drugs included in the FSDP Drug Benefit List are not necessarily benefits for all patients for all indications; specific conditions may apply. Approval for payment is at the complete discretion of the FSDP. The decision by FSDP is final.

Other medications not listed will ***not*** be considered on an individual patient basis. Requests for non-benefit list items will be reviewed by the FSDP and, if considered appropriate, will be added to the FSDP Drug Benefit List along with any special conditions for funding. **Physicians may submit requests to the FSDP by e-mail at bcca_eap@bccancer.bc.ca.**

- Patients ***MUST*** be registered with the **Fair Pharmacare Program** to qualify for coverage.
- Medications requiring **Pharmacare Special Authority** must be pre-approved by BC Pharmacare before dispensing. **Retroactive coverage through FSDP for drugs dispensed prior to Pharmacare Special Authority will not be provided.**
- **Effective April 1, 2014 the FSDP no longer covers medications that do not require a doctor's prescription for purchase. This includes non-prescription over-the-counter medications and medications in the front store available for patient self-selection. Patients should check with their pharmacist to confirm whether medications they are currently taking do or do not require a physician's prescription.**
- FSDP does NOT cover the cost of ostomy supplies, needles & syringes, aero-chambers or other medication administration devices.
- FSDP does NOT cover smoking cessation medications.

Pharmacy dispensing fees are covered to the same **maximum allowable amount covered by BC Pharmacare**. Dispensing fees in excess of the Pharmacare maximum are the responsibility of the patient.

GENERIC	NOTES	Special Conditions
ACETAMINOPHEN + CODEINE	Analgesic	Prescription formulations of acetaminophen & codeine only will be covered.
ACETAMINOPHEN + OXYCODONE	Analgesic	
ACYCLOVIR	Anti-viral	Oral formulations only.
ALLOPURINOL	Lowers uric acid levels associated with treatment of cancer	Not for pre-existing conditions. Covered for tumour lysis syndrome associated with specific cancer treatments.
AMITRIPTYLINE	Neuropathic pain treatment only.	Not for pre-existing conditions.
AMLODIPINE	Anti-hypertensive	For specific chemotherapy protocols only. Requires FSDP pharmacist approval.
AMOXICILLIN or AMOXICILLIN/CLAVULANATE	Antibiotic	Maximum benefit 14 day treatment course.
ANETHOLE TRITHIONE	Saliva production stimulant	Head & Neck cancer only. Requires FSDP pharmacist approval.
APREPITANT	Anti-nausea	Use with highly emetogenic protocols only (per SCNAUSEA). BC Pharmacare Special Authority required prior to dispensing.
ASPIRIN + CODEINE	Analgesic	Prescription formulations of acetylsalicylic acid (ASA, aspirin) & codeine only will be covered. Pharmacare Low Cost Alternative Brand required.
ASPIRIN + OXYCODONE	Analgesic	Pharmacare Low Cost Alternative Brand required.
AZITHROMYCIN	Antibiotic	Oral tablets or suspension. Pharmacare Low Cost Alternative Brand required.
BENZYDAMINE	Mouth/throat sores due to mucositis	For oral mucositis related to chemotherapy or radiation treatment. BC Pharmacare Special Authority required prior to dispensing.
BETAMETHASONE	Steroid – topical anti-inflammatory	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
CARBAMAZEPINE	Anticonvulsant, neuropathic pain	Not for pre-existing conditions.
CEFIXIME	Antibiotic	Oral tablets or suspension. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
CEFUROXIME AXETIL	Antibiotic	Oral tablets or suspension. Pharmacare Low Cost Alternative Brand required.
CELECOXIB	Anti-inflammatory	Not for pre-existing conditions. BC Pharmacare Special Authority required before dispensing.

GENERIC	NOTES	Special Conditions
CEPHALEXIN	Anti-biotic	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
CHLORPROMAZINE	Anti-nausea	
CIPROFLOXACIN	Anti-biotic	Regular and controlled/extended released oral formulations covered. Topical formulations not covered. Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
CLARITHROMYCIN	Anti-biotic	Oral tablets and suspensions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
CLINDAMYCIN	Anti-biotic	Pharmacare Low Cost Alternative Brand required.
CLOTRIMAZOLE	Anti-fungal	Not for pre-existing conditions. Pharmacare Low Cost Alternative Brand required.
CLOBAZAM	Anti-seizure	Not for pre-existing conditions. Pharmacare Low Cost Alternative Brand required.
CLOBETASOL	Topical corticosteroid	Not for pre-existing conditions. Topical lotions, creams & ointments only. Pharmacare Low Cost Alternative Brand required.
CLONAZEPAM	Anti-seizure	Not for pre-existing seizure conditions. Covered for brain-tumour patients only. FSDP Pharmacist approval required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
CLOXACILLIN	Anti-biotic	Pharmacare Low Cost Alternative Brand required.
COTRIMOXAZOLE	Anti-biotic	Pharmacare Low Cost Alternative Brand required.
CYANOCOBALAMIN (Vitamin B12) injection	Vitamin supplement	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Non-prescription brands or formulations are not covered by the FSDP.
DESIPRAMINE	Neuropathic pain	Not for pre-existing conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
DESOXIMETASONE	Topical corticosteroid	Not for pre-existing conditions. Cream or ointment only. Pharmacare Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
DEXAMETHASONE	Steroid-anti-inflammatory, anti-nausea	Pharmacare Low Cost Alternative Brand required.
DICLOFENAC	Analgesic/Anti-inflammatory	Not for pre-existing conditions. Must be related to cancer management.

GENERIC	NOTES	Special Conditions
		Pharmacare Low Cost Alternative brand required.
DIPHENOXYLATE/ATROPINE	Anti-diarrheal	For cancer treatment induced diarrhea. BC Pharmacare Special Authority must be obtained before dispensing.
DIVALPROEX SODIUM	Neuropathic pain	Not for pre-existing seizures disorders.
DOXYCYCLINE	Antibiotic	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
ERYTHROMYCIN	Anti-biotic	
FENTANYL	Analgesic	BC Pharmacare Special Authority required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
FILGRASTIM (G-CSF) <i>Notice of BC Pharmacare brand change effective January 31, 2017.</i>	Hematopoietic growth factor for production of neutrophils	BC Pharmacare Special Authority required. Covered only for BCCA approved indications as confirmed by BC Pharmacare Special Authority approval. <u><i>Important brand change notice effective January 31, 2017:</i></u> <u><i>Patients with new BC Pharmacare Special Authority approvals dated after January 30, 2017 will only be covered for the Grastofil brand of filgrastim. Exceptions will only be made for FSDP coverage IF BC Pharmacare specifically approves coverage for Neupogen brand.</i></u>
FLUOCINONIDE	Topical corticosteroid	Not for pre-existing conditions. Topical creams or ointments. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
FLUCONAZOLE	Anti-fungal	Oral tablets and suspensions. Pharmacare Low Cost Alternative Brand required. BC Pharmacare Special Authority must be obtained before dispensing. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
FOLIC ACID	Vitamin supplement	Prescription, oral solid or suspension dosage formulations only. (Non-prescription products are not covered.) For use in specific chemotherapy protocols only. Requires FSDP pharmacist approval. Pharmacare Low Cost Alternative Brand required.
FUROSEMIDE	Diuretic/anti-hypertensive	Requires FSDP pharmacist approval.

GENERIC	NOTES	Special Conditions
		Not for pre-existing conditions. For treatment associated with specific chemotherapy protocols only. Oral formulations covered only. Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
GABAPENTIN	Anticonvulsant, neuropathic pain	Not for pre-existing seizure conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
GRANISITRON	Anti-nauseant	Pharmacare Low Cost Alternative Brand required. BC Pharmacare Special Authority must be obtained before dispensing.
HUMAN GROWTH HORMONE	Upon recommendation of pediatric oncologist only.	For pediatric use only. Not covered for adults under the FSDP. BC Pharmacare Special Authority must be obtained before dispensing.
HEMORRHOIDAL CREAMS & OINTMENTS (prescription products only)	Single-entity or combination <u>prescription</u> products permitted for hemorrhoids related to cancer treatments.	Not permitted for pre-existing conditions. Must be related to current cancer treatment. Maximum of approximately 30-days supply at a time. Pharmacare Low Cost Alternative Brands required.
HYOSCINE BUTYLBROMIDE	Anti-spasmodic for urinary frequency & diarrhea. Oral or rectal products covered.	Not for pre-existing conditions. Pharmacare Low Cost Alternative Brands required.
HYDROCHLORTHIAZIDE	Diuretic/anti-hypertensive	Requires FSDP pharmacist approval. Not for pre-existing conditions. For treatment associated with specific chemotherapy protocols only. Single-agent oral formulations of hydrochlorothiazide covered only. Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
HYDROCODONE/Phenyltoloxamine	For side effects related to lung cancer treatment only.	Not covered for pre-existing conditions. Not intended for treatment of cough due to cold or flu. Must be related to current cancer treatment for lung cancer. Note that product is a BC Pharmacare benefit for Palliative Care (Plan P) patients only therefore only Plan P patients will be covered

GENERIC	NOTES	Special Conditions
		by FSDP. Requires FSDP pharmacist approval.
HYDROCORTISONE	Steroid - topical anti-inflammatory	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Enemas and foam products for rectal administration are not included.
HYDROMORPHONE	Analgesic	BC Pharmacare Special Authority required for extended release formulations. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
IBUPROFEN	Non-steroidal anti-inflammatory	Coverage for prescription formulations only . Non-prescription formulations are not covered. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
INDOMETHACIN	Non-steroidal anti-inflammatory	Not for pre-existing conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
KETOCONAZOLE	Anti-fungal	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
LAMIVUDINE	Antiretroviral	Requires FSDP pharmacist approval before dispensing. For use with chemotherapy only. BC Pharmacare Special Authority must be obtained before dispensing. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
LAMOTRIGINE	Anti-seizure/neuropathic pain	Not for pre-existing seizure disorders. Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
LEVETIRACETAM	Anti-seizure/neuropathic pain	Not for pre-existing seizure disorders. Low Cost Alternative Brand required. BC Pharmacare Special Authority must be obtained before dispensing. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
LORAZEPAM	Sedative/Hypnotic, anti-nauseant	Pharmacare Low Cost Alternative Brand required.

GENERIC	NOTES	Special Conditions
METHADONE	Analgesic	See BC Pharmacare website for list of DIN numbers covered without Special Authority for Fair Pharmacare before dispensing any methadone product. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Methadone is covered for cancer pain management only. It is not covered for treatment of any pre-existing substance abuse conditions. Maximum dispensing quantity permitted limited to 35 days.
METOCLOPRAMIDE	Anti-nauseant/anti-emetic	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
METRONIDAZOLE	Antibiotic	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
MINOCYCLINE	Antibiotic	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
MISOPROSTIL	Gastro-intestinal protectant for use with non-steroidal anti-inflammatory drugs	Not for pre-existing conditions. Pharmacare Low Cost Alternative Brand required.
MORPHINE	Analgesic	Immediate and slow release oral and subcutaneous formulations covered. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
Mouthwash/Mouth rinse – Pink Lady	For mouth sores/mucositis <u>only</u> .	BC Pharmacare Special Authority required before dispensing. No exceptions. Coverage subject to audit with BC Pharmacare. Claims & charges may be reversed if they fail audit.
Mouthwash/Mouth rinse – Seattle Mouth Wash	For mouth sores/mucositis <u>only</u> .	BC Pharmacare Special Authority required before dispensing. No exceptions. Coverage subject to audit with BC Pharmacare. Claims & charges may be reversed if they fail audit.
Mouthwash/Mouth rinse – Magic Mouth Wash	For mouth sores/mucositis <u>only</u> .	<p>Coverage for Plan P (Palliative) patients <u>only</u> without BC Pharmacare Special Authority as long as an <u>appropriate formulation and corresponding Pharmacare specific PIN</u> are used.</p> <p>BC Pharmacare Special Authority required for ALL OTHER patients prior to dispensing. No exceptions. Please contact BC Pharmacare for Special Authority application requirements.</p>

GENERIC	NOTES	Special Conditions
		Coverage subject to audit with Pharmacare. Claims & charges may be reversed if they fail audit.
MOXIFLOXACIN	Anti-biotic	
NABILONE	Anti-nauseant/anti-emetic	When prescribed by a cancer doctor <u>or</u> a patient's family physician for patients receiving chemotherapy and/or radiation therapy.
NADOLOL	Beta-blocker/antihypertensive	Not for pre-existing conditions. For treatment associated with specific chemotherapy protocols only. Requires FSDP pharmacist approval. Oral formulations covered only. Pharmacare Low Cost Alternative Brand required.
NAPROXEN	Non-steroidal anti-inflammatory	Prescription formulations only covered. Not for pre-existing conditions. Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
NORFLOXACIN	Anti-biotic	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Low Cost Alternative Brand required.
NORTRIPTYLINE	Neuropathic pain	Not for pre-existing conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
NYSTATIN	Antifungal	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by FSDP. Also note that some DINs are BC Pharmacare benefits for Plan P only and will only be FSDP benefits for Plan P patients. Pharmacare Low Cost Alternative Brand required.
OLANZAPINE (new Jan 1, 2017)	For management of chemotherapy-induced nausea & vomiting only.	BC Pharmacare Special Authority required. Use is for chemotherapy-induced nausea only. Ensure any brands specified in Special Authority are used as these will only be covered by FSDP. Coverage requires FSDP Pharmacist approval.
ONDANSETRON	Anti-nauseant/anti-emetic	BC Pharmacare Special Authority required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
OXYCODONE regular and extended release See special conditions.	Analgesic	BC Pharmacare Special Authority required for extended release formulations. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
OXAZEPAM	Sedative/Hypnotic	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative

GENERIC	NOTES	Special Conditions
		Brand required.
PENICILLIN V	Anti-biotic	Pharmacare Low Cost Alternative Brand required.
PHENYTOIN	Anti-convulsant - related to brain cancer only, neuropathic pain	Not for pre-existing seizure disorders. Pharmacare Low Cost Alternative Brand required.
PREDNISONE	Steroid – anti-inflammatory	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
PROCHLORPERAZINE	Anti-nauseant	Pharmacare Low Cost Alternative Brand required. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
Radiation Reaction Skin Cream/Ointment – compounded	For Radiation skin reactions <u>only</u> .	When prescribed by a cancer doctor <u>or</u> the patient’s family doctor for use while receiving radiation therapy. The FSDP will pay the patient’s co-pay portion only after coverage and/or contribution to annual BC Pharmacare deductible. <u>Contact BC Pharmacare to ensure compounded product qualifies for coverage before filing claim. If Special Authority is needed from BC Pharmacare this must be in place before dispensing and before filing claim with FSDP.</u> <i>Dispensed volume should be a minimum of one month supply whenever possible. If product stability requires, may be dispensed in two week volume at a time.</i>
RAMIPRIL		Not for pre-existing conditions. For treatment associated with specific chemotherapy protocols only. Requires FSDP pharmacist approval. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
SALBUTAMOL	Bronchial dilation-lung cancer	Lung Cancer only. Pharmacare Low Cost Alternative Brand required. Coverage for inhalers only. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
SILVER SULFADIAZINE	Topical antibiotic	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP.
SPIRONOLACTONE	Diuretic/antihypertensive	Not for pre-existing conditions. For treatment associated with specific chemotherapy protocols only. Requires FSDP pharmacist approval.

GENERIC	NOTES	Special Conditions
		Single-agent spironolactone in oral tablet formulations covered only. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
TOPIRAMATE	Neuropathic pain and anti-seizure	Not for pre-existing seizure conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required
TRIAMCINOLONE	Topical oral anti-inflammatory	Requires FSDP Pharmacist approval. Not for pre-existing conditions. For cancer treatment related mucositis only. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
VALACYCLOVIR	Anti-viral	Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
VALPROIC ACID	Anti-convulsant, neuropathic pain	Not for pre-existing seizure conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
VANCOMYCIN	For treatment of C. difficile following failure of metronidazole.	BC Pharmacare Special Authority required prior to dispensing. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
VENLAFAXINE	Neuropathic pain	Not for pre-existing conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.
WARFARIN	Anti-coagulant	Not for pre-existing conditions. Ensure brand selected is a BC Pharmacare benefit as only these brands will be covered by the FSDP. Pharmacare Low Cost Alternative Brand required.

Deletions effective April 24, 2014

Acetaminophen – all brands and formulations.

Acetylsalicylic Acid (ASA, aspirin) – all brands and formulations.

Bisacodyl – all brands and formulations.

Cimetidine – all brands and formulations (deleted Feb 12, 2016).

Citalopram – all brands and formulations.

Codeine – all brands and formulations of single agent codeine.

Dextromethorphan – all brands and formulations.

Diazepam – all brands and formulations.

Dimenhydrinate – all brands and formulations.
Diphenhydramine – all brands and formulations.
Docusate – all brands and formulations.
Domperidone – all brands and formulations.

Filgrastim – Neupogen brand no longer covered as of Jan 31, 2017 for patients with BC Pharmacare Special Authority approved after Jan 30, 2017. Grastofil brand added Jan 31, 2017 in its place for new BC Pharmacare Special Authority approvals granted starting Jan 31, 2017.

Iron supplements – all brands and formulations.
Glycerin – all brands and formulations.
Haloperidol – all brands and formulations.
Hemorrhoid treatments - all brands of creams, ointments, & suppositories from patient self-selection areas.
Hydroxyzine – all brands and formulations.
Ibuprofen – all non-prescription formulations.
Lactulose – all brands and formulations.
Levofloxacin – all brands and formulations.
Lidocaine viscous – all brands (deleted Feb 16, 2016).
Loperamide – all brands and formulations.
Meperidine – all brands and formulations.
Mupirocin – all brands and formulations. Not a BC Pharmacare benefit
Naproxen – no coverage for non-prescription formulations/packaging.
Phenazopyridine – all brands and formulations.
Ranitidine – all brands and formulations.
Sennosides – all brands and formulations.