



BC PharmaCare Newsletter

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PHARMACY SERVICES AGREEMENT – UPDATE #5

New Full Payment Policy – Effective October 15, 2010

Under the Full Payment Policy, pharmacies are not permitted to charge a ‘co-payment’ to patients who are receiving full coverage under a PharmaCare plan. The policy applies to all pharmacies who submit claims to PharmaCare, whether or not the pharmacy has signed a *PharmaCare Enrolment Agreement*.

When does the Full Payment Policy apply?

It applies when:

- the patient is receiving full PharmaCare coverage, and
- the drug/product is eligible for full reimbursement by PharmaCare.

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The use of PharmaNet is not intended as a substitute for professional judgment.
Information on PharmaNet is not exhaustive and cannot be relied upon as complete.

The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

When is a patient considered to be receiving “full PharmaCare coverage”?

Patients receiving full PharmaCare coverage are patients covered under:

- Fair PharmaCare who have met their annual Family Maximum¹
- Permanent Residents of Licensed Residential Care Facilities (Plan B)
- Recipients of B.C. Income Assistance (Plan C)
- Cystic Fibrosis (Plan D)
- Children in the At Home Program (Plan F)
- No-Charge Psychiatric Medication Plan (Plan G)
- BC Palliative Care Benefits Program (Plan P)

When is a drug or product considered eligible for “full” PharmaCare reimbursement?

A drug or product is eligible for full reimbursement by PharmaCare if it is:

- a regular benefit (that is, no Special Authority required), or
- a Limited Coverage drug for which Special Authority approval has been granted, and
- The product is not subject to any reimbursement limit under the Low Cost Alternative (LCA) Program or Reference Drug Program (RDP).

Please note: A partial benefit product under the RDP or LCA Program may be eligible for full reimbursement if the daily cost claimed is at, or below, the RDP maximum daily cost limit or if the drug cost claimed is at, or below, the [applicable](#) LCA price.

What restriction is placed on charges to patients?

Pharmacies must accept as full payment an amount at or below the PharmaCare maximum dispensing fee plus the maximum drug cost PharmaCare will reimburse.

When doesn't the Full Payment Policy apply?

- When a Fair PharmaCare patient has not met their Family Maximum (even if they have met their deductible).
- When the drug/product is not a PharmaCare benefit.
- When the drug/product is only a partial PharmaCare benefit.

What if a patient has drugs covered under multiple plans?

When multiple plans are involved, a patient may have claims that are subject to the Full Payment Policy and others that are not.

Example: Robert arrives with two prescriptions. One is for a psychiatric medication covered under Plan G. The other is for ointment covered under Fair PharmaCare. The claim for the psychiatric medication will be subject to the Full Payment Policy. Robert has met his Fair PharmaCare deductible but has not yet reached his Family Maximum, so the claim for the ointment will not be subject to the Full Payment Policy.

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¹ Under Fair PharmaCare, families are assigned a deductible and a family maximum based on their adjusted net income. Once they meet the deductible, PharmaCare covers 70% of their eligible prescription costs. Once they meet their family maximum, PharmaCare covers 100% of their eligible prescription costs and they are therefore considered fully covered.

What if the patient is fully covered by PharmaCare but also has private coverage?

If you are able to determine *at the time medication is dispensed* that the patient's private insurer will cover any costs in excess of the amount PharmaCare covers, you can charge the private insurer. Please note that you cannot charge a patient on the understanding that a private insurer may pay all or some of the cost at a later date. The determination of coverage by the private insurer must be made at the time the medication is dispensed.

How will I know when I can, or cannot, charge a Fair PharmaCare patient?

Pharmaceutical Services Division and Health Insurance BC are currently working with pharmacy software vendors to increase your pharmacy software's capability so that it can identify claims for Fair PharmaCare patients to which this policy applies.

In the interim, we recognize that it may be difficult for pharmacies to consistently identify a patient covered under Fair PharmaCare who is receiving full PharmaCare coverage. Pharmacies that inadvertently charge a patient in contravention of the Full Payment Policy will be expected to refund excess charges to the patient.

Low Cost Alternative/Reference Drug Program (LCA/RDP) Booklet Update and Changes to Drugs Ineligible for PharmaCare Coverage

Pharmaceutical Services Division has updated the LCA/RDP Booklet and the list of drugs that will be ineligible for PharmaCare coverage on or after October 15, 2010. These changes are itemized in the following pages.

Changes to the LCA/RDP information have also been incorporated into the LCA/RDP Booklet posted at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html. Changes to the list of drugs that will be ineligible for PharmaCare coverage on or after October 15, 2010, are also available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

Low Cost Alternative/Reference Drug Program (LCA/RDP) Booklet Update

The following changes to LCA categories will come into effect on October 15, 2010, except where noted.

LEGEND	
1.8706	Change in Price
	Product added to LCA/RDP Booklet
469	Product removed from LCA/RDP Booklet

DIN	Chemical Name	Brand Name	Full/Partial Benefit	RDP	SA Only	Max Price	LCA Price
2248151	BRIMONIDINE TARTRATE SOL 0.15%	ALPHAGAN P	P			2.4948	1.8706
2301334	BRIMONIDINE TARTRATE SOL 0.15%	APO-BRIMONIDINE P	F			1.8706	
893595	CAPTOPRIL TAB 12.5MG	APO-CAPTO TAB 12.5MG	F	REF		0.1145	
1913824	CAPTOPRIL TAB 12.5MG	NU-CAPTO TAB 12.5MG	F	REF		0.1145	
2163551	CAPTOPRIL TAB 12.5MG	MYLAN-CAPTOPRIL	F	REF		0.1145	

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DIN	Chemical Name	Brand Name	Full/ Partial Benefit	RDP	SA Only	Max Price	LCA Price
546283	CAPTOPRIL TAB 25MG	CAPOTEN TAB 25MG	P	REF		0.3240	0.1620
893609	CAPTOPRIL TAB 25MG	APO-CAPTO TAB 25MG	F	REF		0.1620	
1913832	CAPTOPRIL TAB 25MG	NU-CAPTO TAB 25MG	F	REF		0.1620	
2163578	CAPTOPRIL TAB 25MG	MYLAN-CAPTOPRIL	F	REF		0.1620	
546291	CAPTOPRIL TAB 50MG	CAPOTEN TAB 50MG	P	REF		0.6037	0.3019
893617	CAPTOPRIL TAB 50MG	APO-CAPTO TAB 50MG	F	REF		0.3019	
1913840	CAPTOPRIL TAB 50MG	NU-CAPTO TAB 50MG	F	REF		0.3019	
2163586	CAPTOPRIL TAB 50MG	MYLAN-CAPTOPRIL	F	REF		0.3019	
893625	CAPTOPRIL TAB 100MG	APO-CAPTO TAB 100MG	F	REF		0.5614	
1913859	CAPTOPRIL TAB 100MG	NU-CAPTO TAB 100MG	F	REF		0.5614	
2163594	CAPTOPRIL TAB 100MG	MYLAN-CAPTOPRIL	F	REF		0.5614	
115630	CHLORDIAZEPOXIDE/CLIDINIUM CAP 2.5/5MG	LIBRAX	P			0.3181	0.2388
618454	CHLORDIAZEPOXIDE/CLIDINIUM CAP 2.5/5MG	APO-CHLORAX CAP	F			0.2388	
260436	CLINDAMYCIN INJ 150MG/ML	DALACIN C PHOSPHATE	P			4.3492	2.4678
2230540	CLINDAMYCIN INJ 150MG/ML	CLINDAMYCIN INJECTION USP	F			2.4678	
2230535	CLINDAMYCIN INJ 150MG/ML	CLINDAMYCIN INJECTION USP	F			2.4678	
476420	COLISTIMETHATE SODIUM INJ 150MG	COLY-MYCIN M PARENTERAL	P			41.0400	36.9360
2244849	COLISTIMETHATE SODIUM INJ 150MG	COLISTIMETHATE FOR INJECTION U.S.P.	F			36.9360	
2080052	CYCLOBENZAPRINE TAB 10MG	NOVO-CYCLOPRINE TAB 10MG	F			0.4066	
2212048	CYCLOBENZAPRINE TAB 10MG	PMS-CYCLOBENZAPRINE TAB 10MG	F			0.4066	
2171848	CYCLOBENZAPRINE TAB 10MG	NU-CYCLOBENZAPRINE-TAB 10MG	F			0.4066	
2231353	CYCLOBENZAPRINE TAB 10MG	MYLAN-CYCLOBENZAPRINE	F			0.4066	

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DIN	Chemical Name	Brand Name	Full/ Partial Benefit	RDP	SA Only	Max Price	LCA Price
2177145	CYCLOBENZAPRINE TAB 10MG	APO-CYCLOBENZAPRINE - TAB 10MG	F			0.4066	
2236506	CYCLOBENZAPRINE TAB 10MG	RATIO-CYCLOBENZAPRINE	F			0.4066	
2287064	CYCLOBENZAPRINE TAB 10MG	CYCLOBENZAPRINE 10MG TAB	F			0.4066	
2042487	DESOGESTREL ETHINYL ESTRA 21 TAB 0.15MG/0.03MG	MARVELON 21	P			0.7282	0.4725
2317192	DESOGESTREL ETHINYL ESTRA 21 TAB 0.15MG/0.03MG	APRI 21	F			0.4725	
2335700	DIGOXIN TAB 0.0625MG	TOLOXIN	F			0.2586	
2335719	DIGOXIN TAB 0.125MG	TOLOXIN	F			0.2586	
2335727	DIGOXIN TAB 0.25MG	TOLOXIN	F			0.2586	
426849	FOLIC ACID TAB 5MG	APO FOLIC ACID TAB 5MG	F			0.0280	
505781	HYDROCORTISONE/PRAMOX ONT 0.5%/ 1%	ANUGESIC-HC OINTMENT	P			1.1232	0.7902
1945912	HYDROCORTISONE/PRAMOX ONT 0.5%/ 1%	ANUSOL PLUS OINTMENT	F			0.1537	
2247692	HYDROCORTISONE/PRAMOX ONT 0.5%/ 1%	SANDOZ ANUZINC HC PLUS	F			0.7902	
476242	HYDROCORTISONE/PRAMOX/HCL SUPP 20MG	ANUGESIC-HC SUPPOSITORIES	P			1.4040	1.1745
1945904	HYDROCORTISONE/PRAMOX/HCL SUPP 20MG	ANUSOL PLUS SUPPOSITORIES	F			0.4644	
2240851	HYDROCORTISONE/PRAMOX/HCL SUPP 20MG	PROCTODAN-HC SUPPOSITORIES	F			1.1745	
2242797	HYDROCORTISONE/PRAMOX/HCL SUPP 20MG	SANDOZ ANUZINC HC PLUS SUPPOSITORIES	F			1.1745	
441651	IBUPROFEN TAB 300MG	APO IBUPROFEN TAB 300MG	F	REF		0.0307	
2236974	LEVONORGESTREL ETHI ESTRA 21 TAB 0.1/0.02MG	ALESSE 21 TABLETS	P			0.7457	0.5007
2298538	LEVONORGESTREL ETHI ESTRA 21 TAB 0.1/0.02MG	AVIANE 21	F			0.5007	

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DIN	Chemical Name	Brand Name	Full/ Partial Benefit	RDP	SA Only	Max Price	LCA Price
2042320	LEVONORGESTREL-ETHI ESTRA 21 TAB 0.15/0.03MG	MIN-OVRAL 21	P			0.7457	0.5007
2295946	LEVONORGESTREL-ETHI ESTRA 21 TAB 0.15/0.03MG	PORTIA 21	F			0.5007	
2170698	METHOTREXATE TAB 2.5MG	METHOTREXATE	F			0.6831	0.6831
2182963	METHOTREXATE TAB 2.5MG	APO-METHOTREXATE TAB - 2.5MG	F			0.6831	
2244798	METHOTREXATE TAB 2.5MG	RATIO-METHOTREXATE SODIUM	F			0.6831*	
592277	NAPROXEN TAB 500MG	APO NAPROXEN TAB 500MG	F	REF		0.2279	
865664	NAPROXEN TAB 500MG	NU-NAPROX TAB 500MG	F	REF		0.2279	
589861	NAPROXEN TAB 500MG	TEVA-NAPROXEN	F	REF		0.2279	
2243087	OLANZAPINE ODT 10MG	ZYPREXA ZYDIS	P		Y	7.7143	3.2400
2303205	OLANZAPINE ODT 10MG	PMS-OLANZAPINE ODT	F		Y	3.2400	
2307448	OLANZAPINE ODT 10MG	PHL-OLANZAPINE	F		Y	3.2400	
2321351	OLANZAPINE ODT 10MG	TEVA-OLANZAPINE OD	F		Y	3.2400	
2327570	OLANZAPINE ODT 10MG	CO OLANZAPINE ODT	F		Y	3.2400	
2327783	OLANZAPINE ODT 10MG	SANDOZ OLANZAPINE ODT	F		Y	3.2400	
2307472	OLANZAPINE ODT 10MG	PHL-OLANZAPINE ODT	F		Y	3.2400	
2243088	OLANZAPINE ODT 15MG	ZYPREXA ZYDIS	P		Y	11.5679	4.8585
2303213	OLANZAPINE ODT 15MG	PMS-OLANZAPINE ODT	F		Y	4.8585	
2307456	OLANZAPINE ODT 15MG	PHL-OLANZAPINE	F		Y	4.8585	
2321378	OLANZAPINE ODT 15MG	TEVA-OLANZAPINE OD	F		Y	4.8585	
2327589	OLANZAPINE ODT 15MG	CO OLANZAPINE ODT	F		Y	4.8585	
2327791	OLANZAPINE ODT 15MG	SANDOZ OLANZAPINE ODT	F		Y	4.8585	
2307480	OLANZAPINE ODT 15MG	PHL-OLANZAPINE ODT	F		Y	4.8585	
402680	OXAZEPAM TAB 10MG	APO OXAZEPAM TAB 10MG	F			0.0378	
402745	OXAZEPAM TAB 15MG	APO OXAZEPAM TAB 15MG	F			0.0594	
402737	OXAZEPAM TAB 30MG	APO OXAZEPAM TAB 30MG	F			0.0810	

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DIN	Chemical Name	Brand Name	Full/ Partial Benefit	RDP	SA Only	Max Price	LCA Price
74225	POTASSIUM CHLORIDE TAB 600MG	SLOW K 600MG	P			0.1233	0.0809
602884	POTASSIUM CHLORIDE TAB 600MG	APO K TAB 600MG	F			0.0809	
301175	PREDNISOLONE ACETATE DPS 1%	PRED FORTE 1%	P			5.7110	2.0952
700401	PREDNISOLONE ACETATE DPS 1%	RATIO-PREDNISOLONE	F			2.0952	
1916203	PREDNISOLONE ACETATE DPS 1%	SANDOZ PREDNISOLONE	F			2.0952*	
2023768	PREDNISOLONE ACETATE DPS 1%	SANDOZ PREDNISOLONE	F			2.0952	
2230087	THEOPHYLLINE TAB/CAP 300MG SR	NOVO-THEOPHYL SR - 300MG	F			0.0869*	
692700	THEOPHYLLINE TAB/CAP 300MG SR	APO-THEO-LA SRT 300MG	F			0.1512	
445274	TRIMETHOPRIM/SULFAMETH TAB 80/400MG	APO SULFATRIM TAB	F			0.0521	
865710	TRIMETHOPRIM/SULFAMETH TAB 80/400MG	NU-COTRIMOX TAB 400/80MG	F			0.0521	
510637	TRIMETHOPRIM/SULFAMETH TAB 80/400MG	NOVO-TRIMEL TAB	F			0.0521	

* Change effective November 15, 2010

Changes to list of drugs that will be ineligible for PharmaCare Coverage on or after October 15, 2010

Deletions from the list

The following products will remain eligible for PharmaCare coverage after October 15, 2010

DIN	LCA Category	Brand Name	Manufacturer
2177145	CYCLOBENZAPRINE TAB 10MG	APO-CYCLOBENZAPRINE - TAB 10MG	APOTEX INC
589861	NAPROXEN TAB 500MG	TEVA-NAPROXEN	TEVA CANADA LI
2231353	CYCLOBENZAPRINE TAB 10MG	MYLAN-CYCLOBENZAPRINE	MYLAN PHARMACE
2236506	CYCLOBENZAPRINE TAB 10MG	RATIO-CYCLOBENZAPRINE	RATIOPHARM
510637	TRIMETHOPRIM/SULFAMETH TAB 80/400MG	NOVO-TRIMEL TAB	NOVOPHARM LTD
692700	THEOPHYLLINE TAB/CAP 300MG SR	APO-THEO-LA SRT 300MG	APOTEX INC
2023768	PREDNISOLONE ACETATE DPS 1%	DIOPRED SUSPENSION 1%	SANDOZ CANADA

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Deletions from the list, continued

DIN	LCA Category	Brand Name	Manufacturer
2163578	CAPTOPRIL TAB 25MG	MYLAN-CAPTOPRIL	MYLAN PHARMACE
2163586	CAPTOPRIL TAB 50MG	MYLAN-CAPTOPRIL	MYLAN PHARMACE
2163551	CAPTOPRIL TAB 12.5MG	MYLAN-CAPTOPRIL	MYLAN PHARMACE
2163594	CAPTOPRIL TAB 100MG	MYLAN-CAPTOPRIL	MYLAN PHARMACE
2230535	CLINDAMYCIN INJ 150MG/ML	CLINDAMYCIN INJECTION USP	SANDOZ CANADA
2171848	CYCLOBENZAPRINE TAB 10MG	NU-CYCLOBENZAPRINE-TAB 10MG	NU-PHARM INC

Additions to the list

The following drugs will be ineligible for coverage as of **October 15, 2010**.

DIN	LCA Category	Brand Name	Manufacturer
2270633	SOTALOL TAB 160MG	CO SOTALOL	COBALT PHARMAC

The following drugs will be ineligible for coverage as of **November 15, 2010**.

DIN	LCA Category	Brand Name	Manufacturer
2230087	THEOPHYLLINE TAB/CAP 300MG SR	NOVO-THEOPHYL SR - 300MG	TEVA CANADA LI
1916203	PREDNISOLONE ACETATE DPS 1%	DIOPRED SUSPENSION 1%	SANDOZ CANADA