



# BC PharmaCare Newsletter

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## NEW COMPOUNDED PRESCRIPTIONS POLICY —EFFECTIVE DECEMBER 10, 2012

PharmaCare has revised its Compounded Prescriptions Policy effective **December 10, 2012**, to address the increasing variety of compounds and the growing complexity and specialized nature of many compounds.



Changes include:

- Increased regular benefit compounds and fewer compounds requiring Special Authority
- Assignment of new, more specific Product Identification Numbers (PINs)
- Standard schedule of compounding fees
- Clarified procedural requirements

PharmaCare has also developed a revised [Compound Costing Worksheet \(HLTH 5425\)](#). Use of this form is mandatory for compounds that require Special Authority (SA) but may also be used to assist in documenting costs for regular benefit compounds.

These policy and procedural changes are expected to provide significant time-savings to pharmacies, physicians, and the Special Authority approval process.

*Continued on page 2...*

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.

## NEW COMPOUNDED PRESCRIPTIONS POLICY CONTINUED...

**Wondering about what happens on December 10 to SAs granted under the old policy?** All SAs granted under the existing policy will remain valid until their original termination date. You can continue to submit claims under these SAs using the original PIN assigned. At some time before the SA expires, you will need to determine if the compound meets the new criteria for a benefit compound. If it does, simply submit any further claim using the appropriate new benefit PIN. If it does not, SA coverage will need to be renewed.

Read the new policy in the **PharmaCare Policy Manual, Section 5.13**, at [www.health.gov.bc.ca/pharmacare/pdf/5-13to5-22.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/5-13to5-22.pdf).

## CORRECT PINS FOR METHADONE FOR MAINTENANCE

Recent reports indicate that several pharmacies are using an out-of-date DIN when submitting claims for methadone dispensed for maintenance.

**Please note:** PharmaNet has not recognized claims submitted using **DIN 999792** for some time. If pharmacies use this DIN, the claim **cannot** be paid.

The correct DIN/PINs for methadone for maintenance and methadone for pain are available at [www.health.gov.bc.ca/pharmacare/pins/methpins.html](http://www.health.gov.bc.ca/pharmacare/pins/methpins.html).



## BATCH CLAIMS—IMPORTANT REMINDER

The processing of large numbers of claims from pharmacies during peak days and times can sometimes result in slowdowns and time-out issues that affect many PharmaNet users.

**Please note:** As per the [PharmaNet Compliance Standards](#), it is acceptable to submit batch claims **only** if you are:

- submitting claims for a residential care facility patients.
- submitting claims for prescriptions filled during a network outage (within 24 hours of reconnecting to the network).

As is common for this time of year, we anticipate heavy volumes of traffic from mid-November through December, **especially on Mondays**. We would appreciate it if pharmacies could plan accordingly. Thank you for your cooperation.

## PHARMACY CHANGES—REQUIRED NOTIFICATIONS

Please remember that, as indicated in the [PharmaCare Enrolment Agreement \(PEA\)](#), pharmacies **must** notify **both** the Province (through HIBC Information Support) and the College of Pharmacists of British Columbia of any pharmacy changes, including name of pharmacy and owner and manager changes.

Many pharmacies are only notifying the College. To ensure records are up to date, be sure to notify Information Support at HIBC as well as the College when any changes occur.

## BENEFITS

### Asacol® 400 mg (5-aminosalicylic acid)

Asacol® 400 mg (5-aminosalicylic acid / DIN 1997580) is a partial benefit under the PharmaCare Low Cost Alternative Program.

Effective **October 23, 2012**, gastroenterologists are no longer required to submit Special Authority Requests for full coverage of Asacol® 400 mg (5-aminosalicylic acid / DIN 1997580).

When a gastroenterologist prescribes Asacol® 400 mg on or after October 23, 2012, or a prescription refill from a gastroenterologist is dispensed on or after October 23, 2012, PharmaCare will:

- automatically fully cover the drug (subject to the rules of the patient's PharmaCare plan, including any annual deductible requirement).
- create an indefinite Special Authority for the patient on the PharmaNet system, eliminating the need for the patient's general practitioner to submit SA requests for renewed coverage.

### Non-Benefits

The following products have been reviewed and will not be added as benefits under PharmaCare.

DIN	DRUG NAME
2339609	oxycodone-naloxone (Targin®) 10 mg/5 mg controlled-release tablets
2339617	oxycodone-naloxone (Targin®) 20 mg/10 mg controlled-release tablets
2339625	oxycodone-naloxone (Targin®) 40 mg/20 mg controlled-release tablets

### Discontinuations

Effective **December 28, 2012**, the following benefit are no longer PharmaCare benefits, as phenazopyridine is no longer available on the market.

DIN	DRUG NAME
271489	phenazopyridine (Phenazo™) 100 mg tablet
454583	phenazopyridine (Phenazo™) 200 mg tablet
476714	phenazopyridine (Pyridium®) 100mg tablet
476722	phenazopyridine (Pyridium®) 200mg tablet
243469	phenazopyridine (Pyridium®) 200 mg tablet