



BC PharmaCare Newsletter

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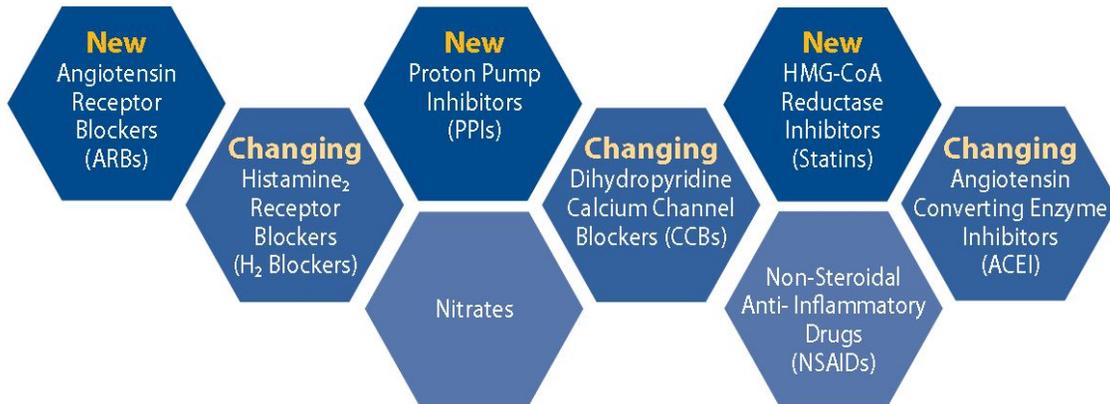
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FULL IMPLEMENTATION OF THE MODERNIZED REFERENCE DRUG PROGRAM

The six-month transition to the Modernized Reference Drug Program (RDP), as announced on Jun. 1, 2016, is nearing completion. The Modernized RDP will be fully implemented on **Dec. 1, 2016**.

Read more to ensure your patients get the coverage they need.



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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.

Assisting patients taking a drug that will be only partially covered

On **Dec. 1, 2016**, the drugs below will become partial benefits. If you have patients who are still taking one of these drugs, you can assist them by determining if their coverage is affected and if they should consider switching to a drug that will continue to be fully covered.

Therapeutic Category	Drugs that will become partial benefits on Dec. 1, 2016
Angiotensin Converting Enzyme Inhibitors (ACEIs)	<ul style="list-style-type: none"> ▪ captopril ▪ cilazapril with/without hydrochlorothiazide ▪ quinapril with/without hydrochlorothiazide ▪trandolapril
Angiotensin Receptor Blockers (ARBs)	<ul style="list-style-type: none"> ▪ eprosartan with/without hydrochlorothiazide ▪ irbesartan with/without hydrochlorothiazide ▪ olmesartan with/without hydrochlorothiazide
Dihydropyridine Calcium Channel Blockers (CCBs)	<ul style="list-style-type: none"> ▪ felodipine
Histamine ₂ Receptor Blockers (H ₂ Blockers)	<ul style="list-style-type: none"> ▪ cimetidine
Proton Pump Inhibitors (PPIs)	<ul style="list-style-type: none"> ▪ esomeprazole 20 or 40 mg ▪ lansoprazole 15 or 30 mg ▪ omeprazole 20 mg ▪ pantoprazole sodium 40 mg
HMG-CoA Reductase Inhibitors (Statins)	<ul style="list-style-type: none"> ▪ fluvastatin ▪ lovastatin ▪ pravastatin ▪ simvastatin

Determining if a patient's coverage is affected

- **Ask the patient if PharmaCare usually pays some, or all, of their drug costs.** If not, they do **not** need to consider switching.
- **Was the patient taking more than one of the partial benefits above on or before Jun. 1, 2016?** If yes, they do **not** need to consider switching. Their drugs will continue to be eligible for full coverage subject to the rules of their PharmaCare plan, including any annual deductible requirement.
- **Does the patient have the necessary Special Authorities for the drug they are currently taking?** If yes, they do **not** need to consider switching. Their current coverage will continue indefinitely.

Please note: To have full coverage of an ARB or PPI, a patient needs two Special Authorities—one granting coverage for a limited coverage drug, another granting full coverage of a partially covered RDP drug.

Patients who rely on PharmaCare coverage, are taking only one RDP drug, and do not have Special Authority coverage for that drug, may wish to consider switching.

Key resources

- **For information on switching a patient's medication**, consult the [Guide to the Modernized RDP](#) (PDF).
- **To find out if a patient has Special Authority coverage for their current RDP drug**, contact the PharmaNet HelpDesk at the usual numbers.
- **For a complete list of RDP drugs**, see [RDP List of Full and Partial Benefits](#) or the [Modernized RDP Poster](#).
- **For RDP training through the BC Pharmacy Association (BCPhA)**, please see [PharmaCare Newsletter 16-010](#).
- **Your pharmacy software may be able to run a report of your patients who are taking a drug that will not be fully covered under the RDP as of Dec. 1, 2016.** See the [Excel file listing the affected drugs/DINs](#). If you are unsure of how to run such a report, please contact your software vendor.

PHARMANET ENHANCEMENT—SPECIAL AUTHORITY INFORMATION FOR PRIVATE INSURERS

Currently, if a patient's third party insurer requires proof of the patient's PharmaCare Special Authority (SA) coverage, the patient must obtain a copy of the approved SA form from their doctor or request a written confirmation from PharmaCare. The patient must then fax or mail this confirmation to their insurer. This is time-consuming for patients and delays adjudication of their claim; for insurers, this manual process increases administration.

Following consultations with the BC Pharmacy Association and the Neighbourhood Pharmacy Association, PharmaCare and Pacific Blue Cross are working with pharmacy software vendors to implement real-time transmission of SA status from pharmacies to third party insurers across the province. The target for full implementation is the spring of 2017.

Pharmacy software vendors will need to upgrade their software to use the PharmaNet field that indicates SA status for specific items/patients. Once a vendor has upgraded their software, SA information (in the form of a "BCSA code") will be transmitted in real-time as part of the usual online claim to a private insurer. The code will also be printed on the patient's prescription receipt.

Some pharmacy software may already display SA information. Please ask your software vendor about any information currently transmitted in field D.64.03, "Special Authorization number or code."

At launch, only Pacific Blue Cross will be able to process the BCSA codes. Other insurers who wish to receive the BCSA code in their electronic claims must contact the pharmacy software vendors for inclusion.

Interpreting the BCSA code

The table below indicates the meaning of each of the BCSA codes that may be printed on the prescription receipt.

BCSA Code	Code Interpretation	SA ¹	RDP ²	LCA ³	Benefit ⁴
BCSA0000	<ul style="list-style-type: none"> Item is not a PharmaCare benefit under patient's plan(s). Patient does not have SA approval for coverage. 	N	N	N	N
BCSA0002	<ul style="list-style-type: none"> Patient is not eligible for coverage (not a B.C. resident). 	N	N	N	Not present
BCSA0001	<ul style="list-style-type: none"> Item is a benefit for this patient; it does not require SA approval for full coverage. 	N	N	N	Y
BCSA0011	<ul style="list-style-type: none"> Item is a benefit for this patient but is only partially covered under the LCA Program. Patient does not have SA approval for full coverage under the LCA Program. 	N	N	Y	Y
BCSA0101	<ul style="list-style-type: none"> Item is a benefit for this patient but is only partially covered under the RDP. Patient does not have SA approval for full coverage under the RDP. 	N	Y	N	Y
BCSA1100	<ul style="list-style-type: none"> Patient has SA approval (item would not be a benefit under patient's PharmaCare plan(s) without SA approval). Coverage has been reduced to RDP pricing. Patient does not have SA approval for full coverage under the RDP. 	Y	Y	N	N

¹ Special Authority. Y = Special Authority is in place; N = no Special Authority approved

² Reference Drug Program. Y = coverage has been reduced to RDP pricing; N = coverage has not been reduced to RDP pricing

³ Low Cost Alternative Program. Y = coverage has been reduced to LCA pricing; N = coverage has not been reduced to LCA pricing

⁴ Y = Item is a benefit under patient's PharmaCare plan; N = item is not a benefit under patient's PharmaCare plan

BCSA Code	Code Interpretation	SA ¹	RDP ²	LCA ³	Benefit ⁴
BCSA1010	<ul style="list-style-type: none"> • Patient has SA approval (item would not be a benefit under patient's PharmaCare plan(s) without SA approval). • Coverage has been reduced to LCA pricing. • Patient does not have SA approval for full coverage under the LCA Program. 	Y	N	Y	N
BCSA1011	<ul style="list-style-type: none"> • Patient has SA approval. (This code is used only in circumstances when some coverage would have been available to the patient without SA approval). • Coverage has been reduced to LCA pricing. • Patient does not have SA approval for full coverage under the LCA Program. 	Y	N	Y	Y
BCSA1000	<ul style="list-style-type: none"> • Patient has SA approval (item would not be a benefit under patient's PharmaCare plan(s) without SA approval). 	Y	N	N	N
BCSA1001	<ul style="list-style-type: none"> • Patient has SA approval. (This code is used only in circumstances when some coverage would have been available to the patient without SA approval). 	Y	N	N	Y

BENEFITS

Correction—Discontinued Product DIN

In the last PharmaCare newsletter, we provided an incorrect DIN for the discontinued Thyroid 125mg. The correct DIN is as follows:

DIN	DRUG NAME
00023965	desiccated thyroid (Thyroid) 125 mg tablet

Addition to Palliative Care (Plan P) Formulary

Effective Nov. 20, 2016, quetiapine has been added to the list of antipsychotic psychiatric medications covered under Plan P. Please refer to the [Palliative Care](#) page on the PharmaCare website for more information.