



Published by the Pharmaceutical Services Division to provide information for British Columbia's health care providers

QuickLinks

Landmark Study to Evaluate Clinical Services In Pharmacies..... 1

Clinical Services Fees — Update..... 2

Prosthetics and Orthotics – New Publications 2

Frequency of Dispensing—Implementation Questions 3

New Drugs Categorized to LCA and/or RDP 5

New LCA Categories 6

Benefits – Amlodipine Besylate 6

LANDMARK STUDY TO EVALUATE CLINICAL SERVICES IN PHARMACIES

Since January 1, 2009, pharmacies have been receiving payments, established in the Interim Agreement, for providing clinical services associated with renewing and adapting prescriptions, recognizing that pharmacists are essential partners in the future sustainability and quality of the health care system.

The BC Pharmacy Association and the Province are asking a sample number of pharmacies to participate in a landmark study regarding clinical services provided by pharmacists. The study will help evaluate the costs involved in providing services associated with renewing and adapting prescriptions. The results of the study will also inform future decisions around a sustainable long-term approach to clinical services funding and will begin to characterize the effect of current policy on patient health outcomes and the use of other health services.

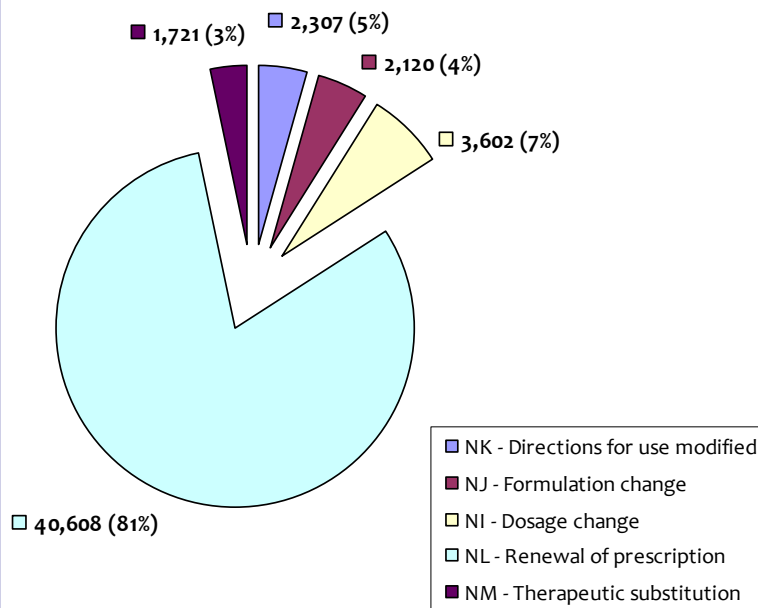
The BC Pharmacy Association and the Ministry of Health Services have engaged the University of BC's Collaboration for Outcomes Research and Evaluation (CORE) group to conduct this evaluation. This study has been designed to incorporate the perspectives of pharmacies, pharmacists and patients receiving medication in B.C.

If your pharmacy is asked to participate in this study, the BC Pharmacy Association and the Province strongly encourage you to take this opportunity to inform negotiations and decisions within the province and contribute to the development of future models for clinical pharmacy services.

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.

CLINICAL SERVICES FEES — UPDATE

Clinical Services Fees Paid
January 1, 2009 - June 30, 2009
Total: 50,358



Along with the adjustments for the Frequency of Dispensing Transition Strategy, the August 4 payment included clinical services fees for the second quarter of 2009.

The chart to the left shows the number of fees paid for the five types of prescription adaptation performed by pharmacists.

Reminder: Clinical services fees are limited to **two** per drug, per patient, in a six month period.

For more information, please see PharmaCare Newsletter [08-012](#) available at www.health.gov.bc.ca/pharmacare/newsletter/.

PROSTHETICS AND ORTHOTICS – NEW PUBLICATIONS

We recently added a new Prosthetic and Orthotic Program policy document and a Patient Information Sheet to the PharmaCare website.

The policy document, *Prosthetic and Orthotic Program, General Statement of Program Policy*, is general in nature and written plainly to make it easier for patients to use. It consolidates current policy and practice into a single, accessible document and is available on the PharmaCare website at:

www.health.gov.bc.ca/pharmacare/generalinfo/policy.

We have also developed a Patient Information Sheet that briefly summarizes important program information. The Patient Information Sheet is available on the PharmaCare website at:

www.health.gov.bc.ca/pharmacare/publications.html.

Please do not hesitate to refer patients to the PharmaCare website to review the Information Sheet or to print copies to provide to your patients directly.

Before their release, both documents were shared with the Prosthetic and Orthotic Association of British Columbia and the Expert Advisory Committee on Prosthetics and Orthotics for comment.

A second policy document, *Detailed Policies and Procedural Requirements*, is presently under development and will provide more detailed policy information for health care providers. When this second document is completed it will replace the *Supplement for Prosthetic/Orthotic Suppliers* that is currently posted on the PharmaCare website.

FREQUENCY OF DISPENSING—IMPLEMENTATION QUESTIONS

How does the permanent PharmaNet system change differ from the Transition Strategy?



The Transition Strategy was introduced to ease the administrative burden on pharmacists until the PharmaNet changes could be introduced. Because this interim measure could not reflect the Frequency of Dispensing policy as precisely as the planned PharmaNet changes, it contained elements to ensure that pharmacies would not be inadvertently adversely affected during the transition period. Now that the PharmaNet changes have been made, you will notice a difference in fee adjudication.

The PharmaNet changes allow real time adjudication according to the policy but also provide the flexibility for pharmacists to make decisions in the best interest of individual patients.

A patient picked up their frequently dispensed medication 4 days before their previous fill ran out. Why did the system disallow the dispensing fee?

When the PharmaNet changes for Frequency of Dispensing were launched, the system was set to allow patients to pick-up medications up to **two** days before their current supply was depleted. Pharmacy feedback indicated this posed a problem, especially around long weekends. Effective 8 a.m. Thursday, July 30, PharmaNet allows patient pick-up **three** days before their current supply runs out. In mid to late September, the Ministry will evaluate the use of this three-day grace period in terms of quality of patient care and overall compliance with the Frequency of Dispensing policy. The evaluation will conclude with a decision as to whether the longer grace period should be continued.

How should I handle PRN (take as needed) medications?

Calculate the days' supplied based on the maximum dosage per day indicated on the prescription. This prevents a patient who needs the full dosage each day from running short of medication before the expiry of the days' supply.

How does the system tally claims that count towards the maximum number of fees?

PharmaNet looks for fills of medication in the previous 27 days, including claims entered before July 23, 2009. It then looks at the days' supply of these fills and calculates the patient's remaining days' supply. If the remaining days supply is more than three days, the claim is considered an 'active dispense.'

When new claims for frequently dispensed medications are submitted without the intervention code UT (Treatment of an Acute Condition. Full prescribed supply dispensed) or VG (Professional Fee Not to Be Paid), PharmaNet adds those claims to the existing 'active dispenses.' When the total reaches five, no additional fees are payable.

Examples

For patients receiving all their medications in weekly blister packs, pharmacies are normally eligible for five dispensing fees per patient each time the blister pack is dispensed. However, in some cases, patients may require medications outside the usual schedule.

The examples on the following page show how 'active dispenses' are counted in more unusual circumstances. In the first example, a patient has all her medications in weekly blister packs but receives some of them outside the normal dispensing schedule. In the second example, the patient has a mix of weekly blister packs and other medications.

Example 1: All medications frequently dispensed

Jennifer has eight (8) frequently-dispensed medications. Two types of claims count as 'active dispenses':

- Any frequently dispensed medication of which Jennifer still has more than three days' supply¹, and
- Any additional dispense of a frequently dispensed (2- to 27-day supply) medication.

	Dispensed	Supply Dispensed	Days' Supply Remaining	Dispensed today?	Is this a previous fill that is still active?	Count of Active Disperses	Fees Paid/ Not Paid Today
Drug A	2 days ago	7 days	5 days	No	Yes	1	N/A
Drug B	2 days ago	7 days	5 days	No	Yes	2	N/A
Drug C	7 days ago	7 days	0 days	Yes		3	Paid
Drug D	7 days ago	7 days	0 days	Yes		4	Paid
Drug E	7 days ago	7 days	0 days	Yes		5	Paid
Drug F	7 days ago	7 days	0 days	Yes		6	Not Paid
Drug G	7 days ago	7 days	0 days	Yes		7	Not Paid

Example 2: Mix of frequently dispensed / other medications

Richard has nine (9) frequently dispensed medications and two (2) medications that are not frequently dispensed. Two types of claims count as 'active dispenses':

- Any frequently dispensed medication of which Richard has more than three days' supply remaining¹, and
- Any additional dispense of a frequently dispensed (2- to 27-day supply) medication.

	Dispensed	Supply Dispensed	Days' Supply Remaining	Dispensed today?	Is this a previous fill that is still active?	Count of Active Disperses	Fees Paid/ Not Paid Today
Drug A ²	21 days ago	60 days	N/A	No	No	0	N/A
Drug B ³	13 days ago	10 days	0 days	No	No	0	N/A
Drug D ⁴	2 days ago	7 days	5 days	No	No	0	N/A
Drug D	Reversal	N/A	N/A				
Drug C ⁵	2 days ago	7 days	5 days	No	Yes	1	N/A
Drug E	7 days ago	7 days	0 days	Yes		2	Paid
Drug F	7 days ago	7 days	0 days	Yes		3	Paid
Drug G	7 days ago	7 days	0 days	Yes		4	Paid
Drug H	7 days ago	7 days	0 days	Yes		5	Paid
Drug J	7 days ago	7 days	0 days	Yes		6	Not Paid

¹ Claims entered with the intervention code UT or VG are not counted as active dispenses.

² More than a 28 day supply dispensed.

³ UT intervention code entered with claim (Treatment of an Acute Condition. Full prescribed supply dispensed. Dispensing Fee Appropriate.)

⁴ VG intervention code entered with claim (Patient does not meet criteria for frequent dispensing but chooses to pay fees. Dispensing Fee Not Paid.) This is an example of a fee entered in error and reversed.

⁵ DQ intervention code entered with claim (First fill of a new chemical entity as an interim supply. Dispensing Fee Appropriate.) Note that, in this example, the fee associated with this claim was paid but the claim counts as an active dispense on the current date because the patient has more than a 3-day supply remaining. If the days supply entered with the claim had been 2 days (only enough to see the patient through to the next scheduled dispense of their weekly medications), it would not have counted as an active dispense.

PharmaNet seems to be including some acute medications as active dispenses. Why?

PharmaNet's review of past claims means that in the first month of implementation, PharmaNet will identify as 'active dispenses' some claims for which, from July 23rd onward, pharmacists were able to enter an intervention code.

As time moves forward, this situation will resolve itself. Pharmacists will have flagged claims appropriately, removing them from the count of active dispenses, by entering the intervention code **UT** (Treatment of an Acute Condition. Full prescribed supply dispensed. Dispensing Fee Appropriate) or **DQ** (First fill of a new chemical entity as an interim supply. Dispensing Fee Appropriate).

Is the "Early Fill/Fill Too Soon" policy still in place?

Yes. The **"Early Fill" (Fill Too Soon)** policy introduced in 2002 is still in place. Under this policy neither the drug cost nor the dispensing fee is covered if a patient has more than 14 days' supply of medication left from the previous fill. This policy applies to all medications whether or not they are considered "frequently dispensed."

The **Travel Supply Policy** introduced in 2008 also still applies. PharmaCare continues to allow an earlier fill once every six months (180 days) if a patient will be travelling outside B.C. Patients can top up their supply to the maximum days' supply recognized by PharmaCare as long as they complete and sign a Travel Declaration form (supplied by the pharmacy) on the date their prescription(s) is filled.

Does receiving the LZ code always mean a fee is not being paid?

No. For patients below the Fair PharmaCare deductible, PharmaNet tallies the maximum number of allowable fees to determine how much should count towards the patient's deductible. The LZ code will be returned for fees above the maximum, but makes no difference to a pharmacy's payment.

NEW DRUGS CATEGORIZED TO LCA AND/OR RDP

The following newly-approved benefits have been added to existing LCA/RDP categories as eligible benefits for Fair PharmaCare and Plans B, C, F, and, if applicable, Plan G. (For the Plan G formulary, please visit the [Special Authority Information](http://www.health.gov.bc.ca/pharmacare/) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare/.)

DIN	DRUG NAME	RDP	LCA STATUS	SPECIAL AUTHORITY ONLY
2303442	ACCEL PIOGLITAZONE HCL 15 mg tablet		P*	Yes
2303450	ACCEL PIOGLITAZONE HCL 30 mg tablet		P*	Yes
2303469	ACCEL PIOGLITAZONE HCL 45 mg tablet		P*	Yes
2297302	CO-PRAMIPEXOLE 0.25 mg tablet		P*	Yes
2297310	CO-PRAMIPEXOLE 0.5 mg tablet		P*	Yes
2297329	CO-PRAMIPEXOLE 1.0 mg tablet		P*	Yes
2297337	CO-PRAMIPEXOLE 1.5 mg tablet		P*	Yes
2313731	NOVO-CILAZAPRIL 5/12.5 mg tablet		P	
2314630	NOVO-FENTANYL 25 mcg/h patch		P*	Yes
2314649	NOVO-FENTANYL 50 mcg/h patch		P*	Yes
2314657	NOVO-FENTANYL 75 mcg/h patch		P*	Yes
2314665	NOVO-FENTANYL 100 mcg/h patch		P*	Yes
2320851	PMS-OMEPRAZOLE 20 mg capsule		P*	Yes

P – Partially covered

P* – Drug is a partial benefit if Special Authority is in place when the prescription is filled.

NEW LCA CATEGORIES

The following drugs (including both existing and new PharmaCare benefits) will be included as new LCA Categories on PharmaNet, effective **September 9, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	PRICE
AMLODIPINE BESYLATE TAB 5MG	Please see Benefits, below.			
AMLODIPINE BESYLATE TAB 10MG	Please see Benefits, below.			
DESOGESTREL-ETHINYL ESTRADIOL TAB 0.15/0.03MG (21)	2317192	APRI 21	F	
	2042487	MARVELON 21®	P	\$0.4543
DESOGESTREL-ETHINYL ESTRADIOL TAB 0.15/0.03MG (28)	2317206	APRI 28	F	
	2042479	MARVELON 28®	P	\$0.3406
GRANISETRON TAB 1MG	2308894	APO-GRANISETRON	F*	
	2185881	KYTRIL®	P*	\$14.0117
LEVODOPA/CARBIDOPA CR TAB 100MG/25MG	2272873	APO-LEVOCARB CR	F	
	2028786	SINEMET CR®	P	\$0.5320
LANSOPRAZOLE CAP 15MG	2293811	APO-LANSOPRAZOLE	F*	
	2165503	PREVACID SRC®	P*	\$1.5568
LANSOPRAZOLE CAP 30MG	2293838	APO-LANSOPRAZOLE	F*	
	2165511	PREVACID SRC®	P*	\$1.5568

F – Fully covered

P – Partially covered

P* – Drug is a partial benefit if Special Authority is in place when the prescription is filled.

F* - Drug is a full benefit if Special Authority is in place when the prescription is filled.

BENEFITS – AMLODIPINE BESYLATE

The generic amlodipine besylate products will:

- become PharmaCare benefits, be included in the Reference Drug Program and be subject to the [Multiple-Source Generics Pricing Policy](#) as of **August 6, 2009**, and
- be included as new LCA Categories effective **September 9, 2009**.

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	RDP STATUS	Cost Reduction Factor
AMLODIPINE BESYLATE TAB 5MG	02273373	APO-AMLODIPINE	F		P	4.00%
	02297485	CO-AMLODIPINE	F		P	4.00%
	02272113	GEN-AMLODIPINE	F		P	4.00%
	02250497	NOVO-AMLODIPINE	F		P	4.00%
	02326779	PHL-AMLODIPINE	F		P	4.00%
	02284065	PMS-AMLODIPINE	F		P	4.00%
	02321858	RAN-AMLODIPINE	F		P	4.00%
	02259605	RATIO-AMLODIPINE	F		P	4.00%
	02284383	SANDOZ-AMLODIPINE	F		P	4.00%
	878928	NORVASC®	P	\$0.6908	P	n/a

continued...

BENEFITS – AMLODIPINE BESYLATE , CONTINUED

NEW CATEGORY (CHEMICAL NAME)	DIN	BRAND NAME	LCA STATUS	LCA PRICE	RDP STATUS	Cost Reduction Factor
AMLODIPINE BESYLATE TAB 10MG	02273381	APO-AMLODIPINE	F		P	4.00%
	02297493	CO-AMLODIPINE	F		P	4.00%
	02272121	GEN-AMLODIPINE	F		P	4.00%
	02250500	NOVO-AMLODIPINE	F		P	4.00%
	02326787	PHL-AMLODIPINE	F		P	4.00%
	02284073	PMS-AMLODIPINE	F		P	4.00%
	02321866	RAN-AMLODIPINE	F		P	4.00%
	02259613	RATIO-AMLODIPINE	F		P	4.00%
	02284391	SANDOZ-AMLODIPINE	F		P	4.00%
	878936	NORVASC®	P	\$1.0254	P	n/a

F – Fully covered

P – Partially covered