BC PharmaCare Newsletter

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CLINICAL SERVICE FEES - UPDATE

In December 2010, as part of the Pharmacy Service Agreement (PSA), the province committed to investing $10 million into B.C. pharmacies for clinical services and an enhanced rural incentive program in 2011/12. The Ministry of Health is now able to provide more detail on how the funds will be allocated:

- **Adaptations** - $200,000 to increase fees for clinical services related to prescription renewals and changes.
- **Medication Reviews** - $8.2 million to initiate standardized medication review services across B.C.
- **Enhanced Rural Incentive Program** - $1.6 million to continue support for community-based rural pharmacies.

These allocations are the result of consultation between the Ministry, the BC Pharmacy Association and the Canadian Association of Chain Drug Stores.

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.

To subscribe or unsubscribe from our newsletter notification list, or to find out more about our programs, visit PharmaCare on the Web: [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare)
ADAPTATIONS – FEE INCREASE

Effective April 1, 2011, the maximum amount that PharmaCare will reimburse for prescription renewals and changes will increase to $10.00. The fee for therapeutic substitution remains the same. For more information about submitting claims for prescriptions renewed or adapted by a pharmacist, please see PharmaCare Newsletter 08-012 at www.health.gov.bc.ca/pharmacare/newsletter/08-012news.pdf.

The fee increases for adaptations are as follows:

<table>
<thead>
<tr>
<th>Adaptation</th>
<th>Current fee</th>
<th>Increased fee from April 1st 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal</td>
<td>$8.60</td>
<td>$10.00</td>
</tr>
<tr>
<td>Change (dosage, formulation, or directions for use)</td>
<td>$8.60</td>
<td>$10.00</td>
</tr>
<tr>
<td>Therapeutic Substitution</td>
<td>$17.20</td>
<td>$17.20 (no increase)</td>
</tr>
</tbody>
</table>

MEDICATION REVIEW SERVICES

The objective of the B.C. Medication Review Services program is to increase communication between patient and pharmacist to promote safe and effective medication use and improve health outcomes. Although not a new scope of practice for community pharmacists, this program standardizes how these clinical pharmacy services are delivered across B.C.

Medication Review Services include:
- Medication Review – Standard (MR-S)
- Medication Review – Pharmacist Consultation (MR-PC)
- Medication Review – Follow-Up (MR-F)

All three types of review must be:
- provided as an in-person appointment with a pharmacist (and not by telephone or any other electronic means),
- respectful of the patient’s right to privacy, and
- properly documented.

For complete information about this program, see the Medication Review Services - Guidelines for Pharmacists, which will be available beginning April 1, 2011 on the PharmaCare website at: www.health.gov.bc.ca/pharmacare/suppliers.

The following is a summary of the features of each type of review and describes the policy and procedures for claims.

Medication Review - Standard (MR-S)

**Activity:**
The pharmacist meets with the patient to review their medications and prepare a Best Possible Medication History (a list of current medications). The purpose is to improve the patient’s understanding of their medications, including what medications they are taking, why they are being taken, and how best to take them.
Patient eligibility:
Eligible patients are B.C. residents with a BC Personal Health Number (PHN), who require at least one medication that is entered into PharmaNet, and give informed consent to receive the service.

Payment:
The pharmacist can submit a claim to PharmaCare for a $60 MR-S fee to a maximum of once per patient every 6 months.

Medication Review - Pharmacist Consultation (MR-PC)

Activity:
Undertaken only when a medication management issue (MMI) has been identified by a pharmacist during an MR-S. The pharmacist, in collaboration with the patient, and, if applicable, the prescriber(s), works to resolve the issue. This includes developing and implementing a care plan to resolve the issue and evaluate results.

Patient eligibility:
Eligible patients are those patients who receive a Medication Review – Standard, and in the course of receiving a Medication Review - Standard, have a medication management issue (MMI) identified.

Payment:
The pharmacist can submit a claim to PharmaCare for a $70 MR-PC fee to a maximum of once per patient every 6 months.

For eligible patients, either one Medication Review – Standard (MR-S) or one Medication Review – Pharmacist Consultation (MR-PC) fee (but not both) may be claimed to a maximum of once per patient every 6 months.

Medication Review - Follow-Up (MR-F)

Activity:
The pharmacist meets with patients who have already received a complete MR-S or MR-PC and require follow-up to:

- review a subsequent medication change,
- address difficulties with understanding and/or implementing the care plan developed during an MR-PC, or
- evaluate the care plan developed to resolve a medication management issue.

Patient eligibility:
Eligible patients are those patients who have already received a complete Medication Review – Standard (MR-S) or Medication Review Pharmacist Consultation (MR-PC), who require follow-up due to a subsequent medication change and give informed consent to receive the service.

Payment:
The pharmacist can submit a claim to PharmaCare for a $15 MR-F fee to a maximum of 4 times per patient per year.

Only one of either the Medication Review – Standard (MR-S), Medication Review – Pharmacist Consultation (MR-PC) fee or Medication Review – Follow-up (MR-F) can be claimed for each service episode.
Claims for Medication Review Services

Claims for Medication Review Services (Standard, Pharmacist Consultation or Follow-up) **must be submitted electronically through PharmaNet on the date of the Medication Review**, using the appropriate PIN code.

To submit a claim for Medication Review Services:

- In the **Days Supply** field, enter 1
- In the **Quantity** field, enter 1.
- In the **Drug Cost** field, enter 0.
- In the **DIN/PIN** field, enter the appropriate PIN indicated in the table below.

Pharmacists may want to consult with their software vendor to determine if there are other requirements for payment reconciliation.

**Important:**
The response code returned by PharmaNet will be CD “patient not entitled to drug claimed”. These claims are adjudicated on a monthly basis; therefore the real-time adjudication message of "patient not entitled to drug claimed" does not apply and should be ignored. You do not need to reverse these claims or re-submit. If you entered the data in the requested fields, the claims will be processed for payment.

The PINs and the payment rate for each service are as follows:

<table>
<thead>
<tr>
<th>PIN</th>
<th>Description</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>99000501</td>
<td>Medication Review Standard (MR-S)</td>
<td>$60.00</td>
</tr>
<tr>
<td>99000502</td>
<td>Medication Review Pharmacist Consultation (MR-PC)</td>
<td>$70.00</td>
</tr>
<tr>
<td>99000503</td>
<td>Medication Review Follow-Up (MR-F)</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

**Note:** Medication Review Services for April will be included with the June 6, 2011 payment.

**Restrictions:**
- For eligible patients, either one Medication Review – Standard (MR-S) or one Medication Review – Pharmacist Consultation (MR-PC) fee (but not both) may be claimed to a maximum of once per patient every 6 months.
- For pharmacies involved in the BC Medication Management Project, pharmacists may bill for either a Medication Management Service or a Medication Review Service, but not both.
- Clinical service fees related to adapting or renewing prescriptions cannot be claimed in conjunction with an MR-PC.
- The Resident Medication Reviews provided to residents of long-term care facilities and described in the Residential Care Facilities and Homes Standards of Practice (College of Pharmacists of BC), are **not** eligible for Medication Review Services fees as they are funded through the PharmaCare Plan B payment structure.

**Medication Review Services – Guide and Forms**

Beginning **April 1, 2011**, please visit the PharmaCare website ([www.health.gov.bc.ca/pharmacare/suppliers](http://www.health.gov.bc.ca/pharmacare/suppliers)) to download the following:

- **Medication Review Services - Guidelines for Pharmacists** (more detailed information about each type of review)
- **Best Possible Medication History Form** (to prepare a current medication list for patients)
- **Medication Management Issue Form** (to record medication management issues)
**ENHANCED RURAL INCENTIVE PROGRAM**

Effective November 1, 2010, the Rural Incentive Program was enhanced to more fully support community-based pharmacy in rural B.C. Information about the Enhanced Rural Incentive Program was previously announced and can be found in the September 29, 2010 PharmaCare Newsletter at www.health.gov.bc.ca/pharmacare/newsletter/10-011news.pdf.

**BUPROPION – PSYCHIATRIST EXEMPTION FROM SPECIAL AUTHORITY FORMS**

Effective March 31, 2011, psychiatrists will be exempt from completing Special Authority request forms for bupropion SR (generics, Wellbutrin SR®) and bupropion XL (Wellbutrin XL®), when treating patients for depression.

For patients who do not meet the Limited Coverage criteria of a depression diagnosis, the prescriber should write “Submit as zero cost to PharmaCare” on prescriptions. When submitting a claim for a prescription with this note, pharmacists should enter the intervention code **DE Adjudicate to $0.00 as requested**.

Please note that bupropion is not an eligible PharmaCare benefit when prescribed for smoking cessation or a non-approved indication. Also, Zyban® is not a PharmaCare benefit.

**PROTON PUMP INHIBITORS AND BUPROPION – ASSUMED SPECIAL AUTHORITY**

Effective March 31, 2011, to facilitate continuity of care, the following drugs are now eligible for Assumed Special Authority:

<table>
<thead>
<tr>
<th>Proton Pump Inhibitors</th>
<th>Bupropion for Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>(when initially prescribed by a gastroenterologist)</td>
<td>(when initially prescribed by a psychiatrist)</td>
</tr>
<tr>
<td><strong>First-covered:</strong></td>
<td><strong>For depression</strong>*:</td>
</tr>
<tr>
<td>- rabeprazole</td>
<td>- bupropion SR</td>
</tr>
<tr>
<td>- pantoprazole magnesium</td>
<td>- bupropion XL</td>
</tr>
<tr>
<td><strong>Next-covered:</strong></td>
<td></td>
</tr>
<tr>
<td>- lansoprazole</td>
<td></td>
</tr>
<tr>
<td>- pantoprazole sodium</td>
<td></td>
</tr>
<tr>
<td>- omeprazole</td>
<td></td>
</tr>
<tr>
<td>- omeprazole</td>
<td></td>
</tr>
</tbody>
</table>

A Special Authority request from a general practitioner or other prescriber is **no longer required** to maintain coverage for these patients. PharmaCare coverage will automatically be continued for all patients who have initially been prescribed these drugs by a specialist physician with an Assumed Special Authority.

A physician’s exemption may be discontinued if the exempted physician prescribes the drug in a manner inconsistent with PharmaCare’s Limited Coverage criteria. Please use the hyperlinks in the table above to visit the relevant criteria web pages. To access a list of Limited Coverage Drug Program criteria information, visit the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html.
Select drugs are eligible for Assumed Special Authority so that the Special Authority process can be streamlined for prescribers by reducing the number of required Special Authority requests. Please visit the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/assumedsalist.html for a list of drugs currently eligible for Assumed Special Authority.

PharmaCare coverage is not retroactive and is subject to the patient’s PharmaCare plan rules including any annual deductible requirement.

**A NEW FORMAT FOR DOWNLOADABLE DRUG DATA FILES**

As of *March 16, 2011*, a new PharmaCare Downloadable Drug Data File is available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/outgoing/index.

The new downloadable drug data file:

- mirrors the drug data information in PharmaCare’s [Formulary Search](#),
- will be updated every week (as opposed to every month), and
- is provided in Comma Separated Value (CSV) format for ease of importation and manipulation with spreadsheet and/or database applications.

These changes provide users with more timely information and the new file format will be more useful for the organizations that download it.

To provide organizations with sufficient time to adapt to the new data format, we are posting the data in both the old and new formats until *June 15, 2011*, at which time we will discontinue the old versions.

We hope that you find the new downloadable drug data file valuable. If you have any comments, questions or concerns, please do not hesitate to get in touch with us at pharma@gov.bc.ca.