



BC PharmaCare Newsletter

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MEDICATION REVIEW SERVICES — UPDATE

BC pharmacies have been able to submit a claim to PharmaCare for medication review services provided by pharmacists to eligible patients as of April 1, 2011. A [Medication Review Services – Guidelines for Pharmacists](#) document, which included links to document templates for medication reviews, was posted on the PharmaCare website on April 1, 2011.

NEW GUIDELINE COMING

Based on initial feedback and experience with the service, the Guideline is being revised to change requirements, clarify questions, expand on details, and provide additional documentation tools for pharmacists. Until the new Guideline is posted, pharmacists are reminded to use the existing Guideline and their professional judgment to provide medication review services only to patients who would most benefit.

Please note the new requirement for including the pharmacy phone number in the SIG field of medication review services PharmaNet claims (see 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 REQUIREMENT FOR MEDICATION REVIEW SERVICES PHARMANET CLAIMS

Effective **August 1, 2011**, there will be a new requirement for the Medication Review Services PharmaNet claim procedure. Starting on that date, a 10-digit pharmacy phone number (including area code) must be provided in the SIG field of the claim so it will appear in the patient's PharmaNet profile. This requirement is to facilitate continuity of care with other members of the patient's health care team. **As of August 1, 2011, the claim will not be paid if the pharmacy phone number is not entered in the SIG field.**

Reminder: Only the first 80 characters of the SIG field are transmitted to PharmaNet. Please ensure that the entire 10-digit phone number is included in the first 80 characters of the field.

RECONCILING CLINICAL SERVICES CLAIMS WITH PAYMENTS

Pharmacists or pharmacy staff-members with questions about whether clinical services claims have been accepted (paid) or rejected (not paid) within a payment period may now call the PharmaNet Helpdesk for assistance with the following claims only:

- B.C. Medication Management Project
- Medication Review Services
- Adaptations

Helpdesk staff will have electronic access to payment and claim details for specific pay periods for claims submitted after April 1, 2011 for the services listed above **only**. Helpdesk staff can also e-mail or fax a copy of these details (with patient identifiers removed) when requested.

CYSTIC FIBROSIS (PLAN D)

Effective immediately, the fat-soluble vitamin supplements **AquADEKs®** and **Source CF®** have been added to PharmaCare's Cystic Fibrosis (Plan D) formulary.

Plan D patients receive coverage for these products subject to the rules of the patient's primary plan: Plan C (Income Assistance), Plan F (At-Home Program) or Fair PharmaCare.

Physician application to Health Canada's Special Access Program (SAP) for a specific patient is required in order to obtain either of these products in Canada. **Both products require a prescription in Canada as they contain more than 120 mcg of Vitamin K.**

Please use the following Product Identification Numbers (PINs) when submitting claims for these products through PharmaNet:

Drug	PIN	Dosage Format
AquADEKs®	55123625	Chewable tablets
AquADEKs®	55123626	Gel capsules
AquADEKs®	55123627	Liquid
Source CF®	55123628	Chewable tablets
Source CF®	55123629	Gel capsules
Source CF®	55123630	Liquid

PHARMACARE COVERAGE FOR NALTREXONE AND ACAMPROSATE FOR ALCOHOL DEPENDENCE

Effective **Jun 21, 2011**, naltrexone (ReVia®) and acamprosate (Campral®) are available for PharmaCare coverage according to the following Limited Coverage criteria:

Naltrexone:

For the treatment of alcohol use disorder **AND** in combination with behavioural intervention therapy (i.e., psychosocial counselling) as necessary.

Approval Period: 3 months.

Acamprosate:

For the maintenance of abstinence in patients who have been abstinent from alcohol for at least four days **OR** for the treatment of alcohol use disorder for patients who have contraindications to naltrexone (i.e., concurrent opioid use, acute hepatitis or liver failure) **AND** in combination with behavioural intervention therapy (i.e., psychosocial counselling) as necessary.

Approval period: 3 months.

PharmaCare coverage is provided only for patients who meet the Limited Coverage criteria stated above AND whose prescription is written by a prescriber who has entered into a Collaborative Prescribing Agreement.

Prescribers who enter into a Collaborative Agreement are subject to the terms of such Agreement in order to have their exemption maintained.

Actual coverage depends on the rules of a patient's PharmaCare plan, including any deductible requirement.

Prescribing criteria for naltrexone and acamprosate, including a link to the Collaborative Prescribing Agreement are available at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/naltrexone.html and www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/acamprosate.html.

IMPORTANT: Under the terms of the Collaborative Prescribing Agreement, physicians will write "Submit as zero cost to PharmaCare" on prescriptions for patients taking naltrexone or acamprosate who do not qualify for PharmaCare coverage (i.e., the patient does not meet the Limited Coverage criteria). When submitting a claim for a prescription with this note, use the intervention code **DE Adjudicate to \$0.00 as requested**. This ensures appropriate PharmaCare coverage and accurate prescribing feedback to physicians.

DISPENSING FEE INCREASE — JULY 4, 2011

In accordance with the [Pharmacy Services Agreement](#) which came into effect on July 28, 2010, the maximum reimbursable dispensing fee will increase to \$10.00 for pharmacies that have signed the revised [Pharmacy Enrolment Agreement](#) issued in 2010.

NEW REIMBURSEMENT LIMITS FOR LCA PROGRAM DRUGS — JULY 4, 2011

As previously announced in [BC PharmaCare Newsletter 11-006](#) (May 17, 2011), effective **July 4, 2011**, PharmaCare will change the reimbursement limits for applicable drugs in the Low Cost Alternative (LCA) categories in accordance with the results of the manufacturer pricing submission process for Round 2 of the [Pharmacy Services Agreement](#) (Section 3.4).

PharmaCare reimbursements will change to reflect the maximum reimbursement limits and LCA prices as published in the “Round 2 LCA Pricing Spreadsheet” at www.health.gov.bc.ca/pharmacare/lca/lca2011.html.

Generic products deemed ineligible as a result of the manufacturer pricing submission process will be removed from the formulary, also effective July 4, 2011. The “Round 2 Drug Removal Spreadsheet” is available at: www.health.gov.bc.ca/pharmacare/lca/lca2011.html.

Note: After July 4, 2011, updates to the maximum reimbursement limits and LCA prices will continue to be published in the Low Cost Alternative (LCA) Data Files at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html on the first Thursday of every month.

ADDITIONAL INFORMATION ON ROUND 2 PRICING CHANGES

Since the publication of the data files for Round 2 of the [Pharmacy Services Agreement](#) on June 1, 2011, there have been some additional updates. The updates affect the “Round 2 LCA Pricing Spreadsheet” and the “Round 2 Drug Removal Spreadsheet”. For details, please see: www.health.gov.bc.ca/pharmacare/lca/lca-rdp-update.html.

REMINDER: INDUCEMENTS FOR PRESCRIPTIONS

The [PharmaCare Enrolment Agreement](#) disallows pharmacies from offering inducements* to secure prescription orders, or in relation to the provision of a drug, medical supply, or service on the portion of the cost of that drug, supply or service paid for or reimbursed by the Province through PharmaCare.

As previously announced in PharmaCare Newsletters [10-014](#) and [10-015](#), PharmaCare deferred the enforcement of the requirements set out in the PharmaCare Enrolment Agreement with respect to **all** loyalty programs, including prescription transfer programs, until **July 4, 2011**. This deferral was intended to allow pharmacies time to decommission these programs and fulfill all their commitments to customers.

PharmaCare will enforce the requirements of the PharmaCare Enrolment Agreement (Section 3.12) with respect to inducements, for all pharmacies, once the deferral period has expired.

Explaining the Inducement Policy to Patients:

To assist pharmacies in communicating this policy to patients, PharmaCare has prepared an information sheet which will be available before July 4, 2011 at www.health.gov.bc.ca/pharmacare/pdf/inducements.pdf.

* “Inducement” means consideration including, but not limited to, cash, points, loyalty points, coupons, discounts, goods, rewards and similar schemes which can be redeemed for a gift or other benefit.

COMPOUNDED PRESCRIPTIONS POLICY — UPDATE

The PharmaCare Compounded Prescriptions Policy has been revised to consolidate, update and clarify existing PharmaCare policy with respect to compounded prescriptions. The revised policy is available on the PharmaCare website at [5.13 Compounded Prescriptions](#).

Note: This consolidated policy document replaces policy information about compounded prescriptions in the PharmaCare/PharmaNet Policies and Procedures Manual (Chapter 4.3) and includes compounded prescription policy updates previously published in PharmaCare newsletters up to May 31, 2011.

This update will allow pharmacists and others to find the latest information on compounded prescriptions policy in one place.

PharmaCare is currently undertaking a full review of the current Compounded Prescriptions Policy with the aim of issuing improved guidance to pharmacists with respect to determining the benefit status of compounded prescriptions and eligible remuneration for them.

SPECIAL SERVICES FEES

The number of Special Services fees that PharmaCare paid each month over the past year:

May 20111,959	Jan 2011 1,283	Sep 20102,211
Apr 20111,654	Dec 2010..... 2,322	Aug 2010.....2,170
Mar 2011 1,556	Nov 2010 2,134	Jul 2010.....1,999
Feb 20111,262	Oct 2010 1,978	Jun 2010.....2,233

BENEFITS

REGULAR BENEFITS

The following new products are now eligible PharmaCare benefits for Fair PharmaCare and Plans B, C, F, and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
02230402	Clopixol® (zuclopenthixol) 10 mg	Y	Y
02230403	Clopixol® (zuclopenthixol) 25 mg	Y	Y
02230405	Clopixol® (zuclopenthixol) 50 mg/ml	Y	Y
02230406	Clopixol® (zuclopenthixol) 200 mg/ml	Y	Y

NEEDLES AND SYRINGES FOR INSULIN USE

The following diabetic needles and syringes are now eligible PharmaCare benefits for insulin use.

PIN	DRUG NAME
999725	BD Ultra-Fine™ Nano Pen Needles 32G x 4mm

LIMITED COVERAGE DRUG PROGRAM BENEFITS

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C and F. For the Special Authority criteria, please visit the [Special Authority Information](#) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.

DIN	DRUG NAME	PLAN G	PLAN P
02330989	Multaq® (dronedarone) 400 mg	Y	Y

NON-BENEFITS

The following product has been reviewed and will not be added as a benefit under the PharmaCare Program.

DIN	DRUG NAME
02338572	Silkis® (calcitriol) 3 mcg/g

DE-LISTING

Effective **June 25, 2011**, the following Limited Coverage products will be removed from the PharmaCare benefit list. This de-listing follows a transition period previously announced in [PharmaCare Newsletter 11-003](#).

DIN	DRUG NAME
02241112	Avandia® (rosiglitazone) 2 mg
02241113	Avandia® (rosiglitazone) 4 mg
02241114	Avandia® (rosiglitazone) 8 mg

NEW DRUG IDENTIFICATION NUMBERS

Effective **July 1, 2011**, new Drug Identification Numbers (DINs) for Innohep® (tinzaparin sodium) will be covered as Limited Coverage benefits.

DIN	DRUG NAME
02358158	Innohep® (tinzaparin) 3,500 (10,000 IU/ml) 0.35 ml syringe
02358166	Innohep® (tinzaparin) 4,500 (10,000 IU/ml) 0.45 ml syringe
02358174	Innohep® (tinzaparin) 14,000 (20,000 IU/ml) 0.70 ml syringe
02358182	Innohep® (tinzaparin) 18,000 (20,000 IU/ml) 0.90 ml syringe