



BC PharmaCare Newsletter

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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.

BC SMOKING CESSATION PROGRAM— POLICY AND PROCEDURAL UPDATES



The B.C. Smoking Cessation Program Policies and Procedures Guide for Pharmacists

and related materials have now been updated.

The guide now gives *step-by-step claims procedures* for both nicotine replacement therapies (NRTs) and prescription drugs.

See the revised guide today at www.health.gov.bc.ca/pharmacare/pdf/sc-ppm.pdf.

Summary of updates

Revised step-by-step procedural requirements for:

- claims for prescription drugs
- claims for nicotine replacement therapies (NRTs)

Clarifications/re-statement of policy regarding:

- only three dispensing fees allowed per patient per year for NRTs
- only three dispensing fees allowed per patient per year for the prescription drugs, with specific exceptions
- entering claims for partial fills
- claims reversals for NRTs or prescription drugs not picked-up
- switching between NRTs or NRT strength during the course of treatment
- switching from an NRT to (PharmaCare-paid) prescription drug during a course of treatment
- policy on product returns or exchanges

Additional information about:

- determining eligibility for patients covered by a federal plan
- transition of coverage at year end

Note: *The ministry will not audit claims submitted before the publication of these clarifications. However, in the future, as part of its assessment of the program's success, the ministry may conduct a retrospective review of the number of dispensing fees charged under the program.*

Other questions about the Smoking Cessation Program?

Pharmacists should call the PharmaNet Help Desk for more information, rather than HealthLink BC. Only the PharmaNet Help Desk can respond to specific claims-related questions.

MEDICATION REVIEW CLAIMS SUBMISSION— IMPORTANT CLARIFICATION

In [PharmaCare Newsletter 11-007](#), PharmaCare announced that, effective August 1, 2010, pharmacies would be required to include the pharmacy's 10-digit phone number within the first 80 characters of the SIG field. The *Medication Review Services Policies, Procedures and Guidelines for Pharmacists* (Version 2, effective August 1, 2011) provided more detailed information including the requirements for submitting medication review claims via PharmaNet (see page 20, Submitting Claims for Payment, www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf).

One of the claims requirements is for the 10-digit phone number of the pharmacy where the service took place to be present **at the beginning of the SIG field**. More explicitly, a medication review claim must have a 10-digit phone number within the first 20 characters of the SIG field or else the claim will be rejected.

Given the number of claims that have been rejected thus far due to SIG field errors, PharmaCare will be conducting a one-time review of these rejected claims submitted since August 1, 2011, and accepting the claims for payment if a 10-digit phone number is present anywhere in the first 80 characters of the SIG field.

Please note that, effective December 1, 2011, for all medication review claims, the pharmacy's 10-digit phone number (including area code) must be entered within the first 20 characters of the SIG field. Claims will otherwise be automatically rejected by the system.

Before December 1, 2011, please check that any pre-programmed SIG codes in your local pharmacy software meet this requirement for medication review claims.

PHARMACARE AUDITS— CHANGE IN PROCESS FOR PRESCRIBER AUTHORIZATIONS



Under the [Pharmacy Operations and Drug Scheduling Act bylaws](#), and as stated in [Section 6.6 of the PharmaCare/PharmaNet Policy and Procedures Manual](#), pharmacists must retain original prescriptions for all claims for a period of three years from the date of the last refill of a prescription.

This requirement—and other terms regarding pharmacy records and audits conducted by the province—is reiterated in Section 6 of the [PharmaCare Enrolment Agreement \(PEA\)](#). Under the terms of the PEA, claims that are not properly supported by the relevant records can be disallowed.

Section 6.5 of the PEA specifically states:

'In the context of an audit, if it is found, in the reasonable opinion of the Province, that no records exist to support a Claim, or that documentation supporting a Claim is incomplete or insufficient, the Claim will be disallowed and any amount associated with the Claim will be owing to the Province.'

Therefore, for the purposes of calculating an audit recovery, information a pharmacy solicits from a prescriber/provider after an audit cannot be used to support a prescription claim.

Effective January 1, 2012, all audit processes will be conducted pursuant to Section 6 of the PEA, regardless of the time period being audited.

The ministry would like to thank pharmacies for their continued cooperation during audit processes.

PROSTHETIC/ORTHOTIC INFORMATION UPDATE

Processing of Applications for Financial Assistance for 2011

All Applications for Financial Assistance for 2011 should be submitted to Health Insurance BC (HIBC) before November 23, 2011, to ensure PharmaCare can respond for the 2011 benefit year. Fax all applications to HIBC at 250-405-3590.

This is particularly important for 2011 claims; due to the timing of holidays this year, there may not be a Prosthetic & Orthotic Committee meeting on December 28, 2011. This means that applications received after December 7, 2011, may not be processed until 2012.

Patients who do not receive approval for the 2011 benefit year may need help in dealing with their deductible for 2012. If they do not have extended health, they can register for the Monthly Deductible Payment Option (MDPO). The MDPO helps families to manage by spreading the cost of their deductible over the course of the calendar year. For more information on the MDPO, visit www.health.gov.bc.ca/pharmacare/plani/monthlypayindex.html.

Exchange rate update

New U.S. Exchange rate – \$1.0326*

***Based on the [Bank of Canada](#) rate at the close of business on September 28, 2011.**

The price list for prosthetic components is reviewed regularly and adjusted, as needed, based on the posted close of business U.S. Exchange rate published by the Bank of Canada.

In times of significant fluctuation, rates are reviewed and adjusted whenever the rate changes by more than five cents and remains at a variance of five cents or more for at least five working days.

New information sheet for health care professionals

To help you inform physicians and other health care practitioners about the BC PharmaCare Prosthetic and Orthotic Program, we are offering an information sheet for health care professionals. It is available for download from our website at www.health.gov.bc.ca/pharmacare/pdf/PO-hcp.pdf.

How to re-submit an application for prosthetic/orthotic devices

Occasionally, you may need to re-submit an application to address

- questions raised by the Prosthetic and Orthotic Committee about the original application, or
- the changing health needs of your patient.

PROSTHETIC/ORTHOTIC INFORMATION UPDATE, CONTINUED

To expedite the resubmission and reduce the number of pages being faxed between you and Health Insurance BC, follow the instructions below:

If you need to provide additional/updated information without changing the components requested:

- **From the application, send page 2 only.** Copy the page 2 you originally sent to Health Insurance BC
- Ensure that the “PharmaCare Use Only” area is clear of any comments.
- Above the **Date of Application** field at the top of this new page 2, write **RESUBMITTED**.
- Add a cover letter containing the additional/updated information.
- Fax the documents to the usual fax number noted on the application form.

If you need to change the components requested:

- Create a new page 2 of the application with revised component information.
- Above the **Date of Application** field at the top of this new page 2, write **RESUBMITTED**.
- If needed, add a cover letter containing any needed additional/updated information.
- Fax the new page 2 and, if applicable, your cover letter to the usual fax number noted on the application form.

COLLABORATIVE PRESCRIBING AGREEMENTS

Why does this prescription say “Submit as zero cost to PharmaCare”?

As described in earlier newsletters, PharmaCare now has a process whereby, for some Limited Coverage drugs, no Special Authority request is needed. For these specific drugs, selected physicians are invited to enter into a **Collaborative Prescribing Agreement (CPA)**.

- A physician who enters into a CPA does not need to apply for Special Authority for the drug when prescribed according to the PharmaCare coverage criteria.
- However, for prescriptions that fall outside that coverage criteria, the physician can either (1) write ‘Submit as zero cost to PharmaCare’/’PharmaCare pays zero’ on prescriptions OR, (2) submit a Special Authority request for exceptional coverage .

Whenever you see “Submit as zero cost to PharmaCare” on a prescription, you **must** submit the claim using the **DE intervention code**. The DE code is the same code used when a patient is not eligible for PharmaCare coverage because they have federal coverage.

Not sure how to submit this intervention code? Please consult your software vendor.

SPECIAL SERVICES FEES

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

Oct 2011..... 1,891	Jun 2011..... 1,921	Feb 2011..... 1,262
Sep 2011..... 1,949	May 2011 ... 1,959	Jan 2011 1,283
Aug 2011 1,804	Apr 2011..... 1,654	Dec 2010..... 2,322
Jul 2011 1,838	Mar 2011..... 1,556	Nov 2010 2,134

NEW BENEFITS

Insulin pump supplies

Effective November 17, 2011, the following insulin pump supplies are eligible for PharmaCare coverage.

PIN	Product Name	Product Description	Max Price
46340023	Medtronic Paradigm Mio Infusion Set	Paradigm Mio (6mm & 9mm) Infusion Sets.	\$10.7500