BC PharmaCare Newsletter

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SMOKING CESSATION PROGRAM—REMINDERS

Starting January 1, 2012, PharmaCare will only accept reference numbers for NRTs that HealthLinkBC has issued in 2012 (i.e., that start with the two digits “12”). Patients who present a reference number issued in 2011 should be advised to phone HealthLink at 8-1-1 to obtain a new reference number.

Many of your patients may resolve to quit smoking on January 1. You may wish to increase your inventory of smoking cessation products in anticipation of a higher volume of requests.

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
FAIR PHARMACARE PLAN—ANNUAL UPDATE

Fair PharmaCare deductibles for 2012

On January 1, 2012, PharmaNet will be updated to reflect annual deductibles and family maximums for 2012 for all individuals and families registered in the plan. Deductible accumulations will be reset to zero.

Fair PharmaCare assistance levels for 2012 are based on family net income for 2010. Universal Child Care Benefits and income from Registered Disability Savings Plans are not included when determining assistance levels.

Deductible information for patients for 2012

Fair PharmaCare registrants can access information about their deductible and their family maximum on our website or by contacting Health Insurance BC.

Through the PharmaCare website at www.health.gov.bc.ca/pharmacare, registrants can:

- use the Fair PharmaCare Calculator to estimate this information, or
- request that a Confirmation of Fair PharmaCare Assistance be mailed to them.

Registrants can also contact Health Insurance BC and provide appropriate identifying information:

- From the Lower Mainland, call 604-683-7151.
- From the rest of B.C., call toll-free 1-800-663-7100.

Customer Service Representatives are available Monday to Friday 8 a.m. – 8 p.m. and Saturday 8 a.m. – 4 p.m.

Retroactive reimbursements

PharmaCare reimburses prescription expenses above a family’s Fair PharmaCare deductible only if the expenses were incurred after the family registered for the plan—but all eligible prescription costs for the year count toward a family’s Fair PharmaCare deductible.

However, if a family qualified for increased assistance during the year, their new, lower deductible and family maximum is applied to any eligible prescriptions purchased after January 1 of the current year or the date of the family's Fair PharmaCare registration¹, whichever is later.

Families do not have to apply for retroactive reimbursement for 2011; it is calculated automatically after year-end. In the spring of 2012, a reimbursement cheque will be mailed to each qualifying individual or family.

¹ The date of a family’s registration is considered to be the later of the date the family first registered or the date that a spouse was last added or removed from their Fair PharmaCare record.
Monthly Deductible Payment Option Reminder

Do you have patients who are worried about paying for their prescriptions before meeting their deductible? This option can ease the financial burden early in the year.

PharmaCare is accepting enrolments in the Monthly Deductible Payment Option (MDPO) for 2012. Letters have been sent to those who enrolled for 2011 advising them that enrolment for 2012 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

The option is designed to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance with a drug benefit plan,
- have a deductible greater than $0, and
- expect their annual prescription costs to meet or exceed their Fair PharmaCare deductible.

Families who enrol in the MDPO pay their Fair PharmaCare deductible in monthly instalments and receive assistance with their eligible prescription costs right away.

For more information, patients can visit [www.health.gov.bc.ca/pharmacare](http://www.health.gov.bc.ca/pharmacare) or contact Health Insurance BC.

REMINDER TO PHARMACISTS FROM THE ALZHEIMER’S DRUG THERAPY INITIATIVE

PharmaCare coverage for donepezil, galantamine and rivastigmine must be renewed every six months. Please note the end dates on your patients’ prescriptions for any of the above medications and remind them to see their physician about renewing coverage at least two weeks before their coverage ends.

If you have a patient who is not receiving coverage, let them know they can talk to their physician about getting PharmaCare coverage of their prescription through the Alzheimer’s Drug Therapy Initiative.

Your help in ensuring patients keep their coverage up to date is greatly appreciated. More information about the initiative can be found at [www.health.gov.bc.ca/pharmacare/adti](http://www.health.gov.bc.ca/pharmacare/adti).

BC MEDICATION MANAGEMENT PROJECT—TRANSITION TO MEDICATION REVIEWS

The data collection phase of the BC Medication Management Project (BCMMP) will end on January 31, 2012. However, pharmacists can continue to provide clinical pharmacy services to many patients who participated in the project through medication reviews. Medication review services continue to be eligible for payment by PharmaCare as described in the Medication Review Services Policies and Procedures for Pharmacists at [www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf](http://www.health.gov.bc.ca/pharmacare/pdf/medrevguide.pdf).

Between now and the end of January, the BC Pharmacy Association (BCPhA) and the BC Ministry of Health will be communicating with participating pharmacies to help them complete final BCMMP follow-ups for patients and transition eligible patients to medication reviews.

The ministry would like to thank participating BCMMP pharmacies and looks forward to the results of the evaluation phase of the project, which will get underway once the data collection phase ends. These results will be shared once the evaluation is complete.
SPECIAL SERVICES FEES

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

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</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>2,002</td>
<td>1,891</td>
<td>1,949</td>
<td>1,804</td>
<td>1,838</td>
<td>1,921</td>
<td>1,959</td>
<td>1,654</td>
<td>1,556</td>
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<td>1,262</td>
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</table>

BENEFITS

Low Cost Alternative (LCA) and Reference Drug Program (RDP)—Reminder

Spreadsheet Updates

The most recent status of drug products in the LCA program and RDP is set forth in spreadsheets that are updated on the first Thursday of every month and posted at [www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html](http://www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html).

Mid-cycle updates

On occasion, a change to LCA or RDP products may come into effect between the regular monthly updates, such as:

- implementation of generic drug pricing adjustments as set out in the Pharmacy Services Agreement; or
- expedited implementation of coverage for significant first-entry generics.

In this case, PSD posts refreshed versions of the LCA/RDP Master Spreadsheets and the Updates Workbook online on the effective date of the PharmaCare reimbursement change.

Tip: Make sure you always have the most recent LCA/RDP information! Check the website on the first Thursday of the month and then again in the middle of the month.
Special Authority Coverage of Prasugrel (Effient®)

Effective November 25, 2011, prasugrel became available as a Limited Coverage benefit through PharmaCare’s Special Authority (SA) program. Detailed criteria are available on the PharmaCare website at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/prasugrel.html.

Coverage of prasugrel is subject to the usual rules of a patient’s BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

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.

<table>
<thead>
<tr>
<th>DIN</th>
<th>DRUG NAME</th>
<th>PLAN G</th>
<th>PLAN P</th>
</tr>
</thead>
<tbody>
<tr>
<td>02356422</td>
<td>Diamicron® MR (gliclazide) 60 mg tablet</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>02349124</td>
<td>Effient® (prasugrel hydrochloride) 10 mg tablet</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>02271842</td>
<td>Levemir® Penfill® (insulin detemir) 100 IU/ml solution for injection in a cartridge</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Discontinuations of Coverage

Effective January 20, 2012, PharmaCare coverage will be discontinued for acarbose (Glucobay®). Patients with existing coverage for acarbose will continue to receive PharmaCare coverage.

<table>
<thead>
<tr>
<th>DIN</th>
<th>DRUG NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>02190885</td>
<td>Glucobay™ (acarbose) 50 mg tablet</td>
</tr>
<tr>
<td>02190893</td>
<td>Glucobay™ (acarbose) 100 mg tablet</td>
</tr>
</tbody>
</table>

Effective January 20, 2012, PharmaCare coverage will be discontinued for niacin (Ni-oden™) time-release tablets. Niacin extended-release products (Niaspan® and Niaspan FCT®) are also not eligible PharmaCare benefits. PharmaCare will continue to provide coverage for regular-release niacin.

<table>
<thead>
<tr>
<th>DIN</th>
<th>DRUG NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>00779806</td>
<td>Ni-oden (niacin) 500 mg time-release tablet</td>
</tr>
</tbody>
</table>

Non-Benefits

The following products have been reviewed and will not be added as benefits under PharmaCare.

<table>
<thead>
<tr>
<th>DIN</th>
<th>DRUG NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2309254</td>
<td>Niaspan FCT 500 mg extended-release film-coated tablet</td>
</tr>
<tr>
<td>2309262</td>
<td>Niaspan FCT 750 mg extended-release film-coated tablet</td>
</tr>
<tr>
<td>2309289</td>
<td>Niaspan FCT 1000 mg extended-release film-coated tablet</td>
</tr>
</tbody>
</table>
Changes to Insulin Pump Supply Benefits

Decrease in maximum price for existing benefit items

Effective January 23, 2012, the maximum price of the following insulin pump supplies will decrease as indicated.

<table>
<thead>
<tr>
<th>PIN</th>
<th>PRODUCT NAME</th>
<th>PRODUCT DESCRIPTION</th>
<th>MAXIMUM PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>46340001</td>
<td>ACM Cleo 90 Infusion Set</td>
<td>Cleo 90 (6 mm and 9 mm) infusion sets (10 cannulas/10 tubing).</td>
<td>$7.7500</td>
</tr>
<tr>
<td>46340002</td>
<td>ACM Comfort Cannulas Only</td>
<td>Comfort (17 mm) and Comfort Short (13 mm) cannulas only, no tubing.</td>
<td>$11.5000</td>
</tr>
<tr>
<td>46340003</td>
<td>ACM Comfort Infusion Set or Combo or ShortCombo</td>
<td>Comfort (17 mm) and Comfort Short (13 mm) infusion sets (10 cannulas/10 tubing).</td>
<td>$7.2500</td>
</tr>
<tr>
<td>46340004</td>
<td>ACM Contact Detach Infusion Set</td>
<td>Contact Detach (6 mm and 8 mm) infusion sets (10 cannulas/10 tubing).</td>
<td>$5.2500</td>
</tr>
</tbody>
</table>

Increase in maximum price for existing benefit item

Effective January 1, 2012, the maximum price of the following insulin pump supplies will increase as indicated.

<table>
<thead>
<tr>
<th>PIN</th>
<th>PRODUCT NAME</th>
<th>PRODUCT DESCRIPTION</th>
<th>MAXIMUM PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>47450001</td>
<td>ACM Cozmo 3 ml IP Cartridge</td>
<td>Insulin cartridges for Cozmo insulin pumps</td>
<td>$5.2500</td>
</tr>
</tbody>
</table>

New product eligible under an existing PIN

The product below has been added to the existing PIN. This product is eligible for PharmaCare coverage immediately.

<table>
<thead>
<tr>
<th>PIN</th>
<th>PRODUCT NAME</th>
<th>PRODUCT DESCRIPTION</th>
<th>MAXIMUM PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>46340005</td>
<td>ACM Thalaset Infusion Set</td>
<td>Neria-Thalaset (6 mm, 8 mm and 10 mm) infusion sets. (10 cannulas/10 tubing)</td>
<td>$4.5610</td>
</tr>
</tbody>
</table>

For an updated list of insulin pump supplies, visit www.health.gov.bc.ca/pharmacare/pdf/pumpsupp.pdf.

Discontinued product

The product below has been discontinued. After January 23, 2012, claims for remaining stock will be eligible for PharmaCare coverage only up to $7.2500, which is the new price.

<table>
<thead>
<tr>
<th>PIN</th>
<th>PRODUCT NAME</th>
<th>PRODUCT DESCRIPTION</th>
<th>EXISTING MAXIMUM PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>46340003</td>
<td>ACM Comfort Infusion Set or Combo or ShortCombo</td>
<td>Comfort Combo (17 mm) and Comfort Short Combo (13 mm) infusion sets (10 cannulas/5 tubing).</td>
<td>$9.5000</td>
</tr>
</tbody>
</table>

For an updated list of insulin pump supplies, visit www.health.gov.bc.ca/pharmacare/pdf/pumpsupp.pdf.