



BC PharmaCare Newsletter

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MEDICATION REVIEW SERVICES —UPCOMING POLICY CLARIFICATION & UPDATE

The Ministry of Health and the BC Pharmacy Association (BCPhA) have worked closely together over the past months to clarify and revise the Medication Review Services policy. The intent was to transform the policy into a clearer, more useful document for pharmacists who deliver these services to British Columbians.

Included in the new version of the policy are **more links** to help you navigate, **explicit step-by-step instructions for each type of medication review service (MRS)**, **explicit instructions on the documentation required for each type of MRS to support valid MRS claims**, clickable cross-references, and more.

The forms have also been amended. The Best Possible Medication History (BPMH) is now a single document with two sections: **Patient Section** and **Health Care Professionals** section.

The BCPhA is planning supportive information to assist pharmacies in transitioning to the revised policy and procedures. Further announcements on this will be made in February. The new forms will be shared with pharmacy software vendors.

The revised policy will come into effect April 1, 2014.

To view the **new forms** and the **revised policy document** that will come into effect on April 1, 2014, please visit www.health.gov.bc.ca/pharmacare/mrs-update.html.

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.



Ministry of Health

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TRANSITIONING TO METHADOSE™

As announced in the [PharmaCare Newsletter 13-008](#), from **February 1, 2014, to February 28, 2014**, PharmaCare will cover both Methadose™ and compounded methadone to allow patients to transition to Methadose.

- Effective **February 1, 2014**, PharmaCare will begin covering Methadose 10mg/mL¹ for maintenance and for pain.
- Effective **March 1, 2014**, PharmaCare will cover **only** Methadose 10mg/mL for maintenance.

Coverage for pain

The table below indicates the products that will be covered for pain during and after the transition to primary use of Methadose.

Under the new coverage rules, some patients currently receiving coverage for pain will need to obtain Special Authority. Special Authority Requests will be processed as urgent requests.

Product	Dosage	Coverage as of February 1, 2014					Coverage as of March 1, 2014				
		Plan P	FPC	Plan F	Plan B	Plan C	Plan P	FPC	Plan F	Plan B	Plan C
Metadol®	1 mg/mL oral solution	N*					N*				
	10 mg/mL oral concentrate	Y		N			N				
	1 mg tablet	Y		N			Y		N		
	5 mg tablet	Y		N			Y		N		
	10 mg tablet	Y		N			Y		N		
	25 mg tablet	Y		N			Y		N		
Methadone Suspension Compounded	1 mg/mL	Y	Y	Y	Y	Y	N				
	2 mg/mL	Y	Y	Y	Y	Y	N				
	5 mg/mL	Y	Y	Y	Y	Y	N				
	10 mg/mL	Y	Y	Y	Y	Y	N				
	20 mg/mL	Y	Y	Y	Y	Y	N				
	25 mg/mL	Y	Y	Y	Y	Y	N				
Methadose™	X mg/mL	Y	Y	Y	Y	Y	N*				
	10 mg/mL oral solution	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Methadose™	10 mg/mL dye-free, sugar-free unflavoured oral solution	N**					N**				
Methadone	Suppositories	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Methadone	Injectable	N*					N*				
Methadone	Compounded Injectable	N*					N*				

* Exceptional Special Authority coverage.

** Exceptional Special Authority coverage will be considered for patients allergic to the Methadose™ 10 mg/mL solution with cherry flavouring. Alternate flavouring **must** be added to solution.

Legend: Plan P—BC Palliative Care Drug Plan | FPC—Fair PharmaCare Plan | Plan F—At Home Program | Plan B—Permanent Residents of Licensed Residential Care Facilities | Plan C—Recipients of B.C. Income Assistance

Note: Pharmacies can continue the current practice of dispensing for pain in bulk bottles. Pharmacies that choose to dispense Methadose in individual bottles cannot be reimbursed for additional expenses to do so. When dispensing in bulk, please be very clear about dosing when counseling patients.

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¹ Methadose dye-free, sugar-free, unflavoured 10 mg/mL solution, DIN 02394618, will not be covered as a regular benefit as the amount of sugar in the regular liquid is minimal and unlikely to affect blood sugar.

PINs/DINs for Methadose/Methadone

Full information on the correct PINs/DINs is available at www.health.gov.bc.ca/pharmacare/pins/methpins.html.

Entering Claims for Methadose

- Enter the claim using the correct **PIN** (for maintenance) or **DIN** (for pain).
- Although the prescriptions are written in milligrams, you must **enter the claim quantity in total millilitres dispensed**.
- In the SIG field, clearly indicate the conversion from milligrams to millilitres.

For example: If dispensing a prescription for 50 mg once a day, convert to mLs. The SIG field should then read "Take 5 mLs once a day."

PharmaCare Policy Manual Changes

The PharmaCare Policy Manual, [Section 8.8](#), has been revised to reflect the changes.

Patient Information Sheets

The Ministry of Health patient information sheet for Methadose that has been mailed to B.C. pharmacies is also available in the Drug Information Sheet section of www.health.gov.bc.ca/pharmacare/patientinfo.html.

Methadone Addendums

As mentioned in our previous newsletter, pharmacies that have already signed an existing Methadone Addendum are not required to sign a new Addendum in order to dispense Methadose. However, because of the change to the new product, Methadose, the pricing information in the addendum requires update.

This newsletter acts as formal notice to pharmacies that Section 1 of the Methadone Maintenance Payment Program Addendum to Pharmacy Participation Agreement ("Methadone Addendum") is deleted and replaced with the following:

1. **Beginning February 1, 2014, for Methadose™**, PharmaCare will pay to the Pharmacy a **maximum of \$0.162/mL** plus the usual and customary dispensing fee (subject to maximum rules as provided in PharmaCare policy and the Participation Agreement), plus a \$7.70 per prescription interaction fee for each time a pharmacy fills and dispenses methadone directly to a PharmaCare eligible client.

Until March 1, 2014, for compounded methadone, PharmaCare will pay to the Pharmacy the sum of the Actual Acquisition Cost (to a maximum of \$0.02/mL) plus the usual and customary dispensing fee (subject to maximum rules as provided in PharmaCare policy and the Participation Agreement), plus a \$7.70 per prescription interaction fee for each time a pharmacy fills and dispenses methadone directly to a PharmaCare eligible client.

The change in reimbursement is made pursuant to the authority of the Minister of Health, under the *Pharmaceutical Services Act*, to establish and maintain formularies and set limits and conditions on the amount that will be paid for a PharmaCare benefit.

SEASONAL INFLUENZA UPDATES

Publicly Funded Vaccines 2013/14—Product Update

Some pharmacies may have received publicly funded **Vaxigrip®** this influenza season. As communicated by e-mail on January 9, 2014, PharmaCare will reimburse claims for the administration of publicly funded Vaxigrip entered using **PIN 66124798**. For more information, please visit the [Seasonal Influenza Vaccine – 2013/14 Provincial Influenza Campaign Pharmacist Resource Page](#).

Antivirals—Expanded Coverage for 2013/14 Influenza Season

Effective immediately, PharmaCare is expanding the coverage criteria for oseltamivir and zanamivir for the 2013/14 influenza season.

In the past, coverage has been limited to individuals of particular ages and health status. The revised criteria for the 2013/14 influenza season make coverage available to individuals of any age or health status with:

1. Laboratory-confirmed influenza A or B sensitive to oseltamivir and/or zanamivir

OR

2. Signs and symptoms of influenza A or B while influenza is circulating in the community

AND

Whose treatment is initiated within 48 hours of the onset of symptoms (as this optimizes the benefits of an antiviral).

The coverage criteria for residential care continue unchanged.

For full criteria, please see www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/oseltamivir.html and www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/zanamivir.html.

Actual coverage is subject to the rules of the patient's PharmaCare plan. For information on PharmaCare plans, visit www.health.gov.bc.ca/pharmacare/plans/index.html.

Some individuals have underlying conditions that increase the risk of a serious complication from an influenza infection (such as heart or lung disorders, kidney disease, chronic liver disease, diabetes, cancer or a weakened immune system). Public health officials recommend that these patients talk to their health care provider about the possibility of receiving a prescription for an antiviral in advance. If they later develop influenza symptoms, they should contact their health care provider for advice on whether or not to fill the prescription.

Fluviral®—Payment Date for Missed Claims

A programming error resulted in missed payments for claims for Fluviral® for September and October 2013. PharmaCare apologizes for this error. The problem has been rectified and payments owing will be added to the scheduled payment for February 10, 2014.

If you require a reconciliation statement, call the HelpDesk.

REMINDER—SINGLE SOURCE PRICING PROCESS



As announced in the [PharmaCare Newsletter 13-008](#) on December 23, 2013, PharmaCare has improved its procedures for implementing price changes received from drug manufacturers for brand name and single-source generic drugs.

Price changes for multiple-source generics continue to be handled through the existing process.

Manufacturers can now submit price increases only once a year to ss.pricechanges@gov.bc.ca and must use PharmaCare's Excel spreadsheet template.

Price decreases will continue to be accepted throughout the year and will be effective in PharmaNet 30 days after the manufacturer's price decrease. This will allow pharmacies time to clear the stock purchased at higher prices.

Price decreases must be also submitted to ss.pricechanges@gov.bc.ca using PharmaCare's Excel spreadsheet template.

For more information, visit the PharmaCare web section for [Health Industry Professionals](#).

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
02394596	Methadose™ (methadone) 10 mg/mL cherry-flavoured solution	N	Y

* Exceptional Special Authority coverage will be considered for patients allergic to the Methadose™ 10 mg/mL solution with cherry flavouring. Alternate flavouring must be added to solution.

Non-Benefits

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

DIN	DRUG NAME
02393751	Esbriet™ (pirfenidone) 267-mg capsule
02394618	Methadose™ (methadone) dye-free, sugar-free unflavored solution*
02322285	Soliris® (eculizumab) 300 mg per vial
02272199	Somavert® (pegvisomant) 10 mg per vial subcutaneous injection
02272202	Somavert® (pegvisomant) 15 mg per vial subcutaneous injection
02272210	Somavert® (pegvisomant) 20 mg per vial subcutaneous injection

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Methadone Products that Will Become Non-Benefits as of March 1, 2014

DIN/PIN	DRUG NAME
For Maintenance	
66999990	Methadone 1mg/mL with direct interaction
66999991	Methadone 1mg/mL without direct interaction
66999992	Methadone 2mg/mL without direct interaction
66999993	Methadone 2mg/mL with direct interaction
For Pain Management	
02241377	Metadol (methadone) 10 mg/ml solution (was a benefit for Palliative Care only)
66124066	Methadone 1mg/mL
66124067	Methadone 2mg/mL
66124068	Methadone 5mg/mL
66124069	Methadone 10mg/mL
66124070	Methadone 20mg/mL
66124071	Methadone 25mg/mL