



BC PharmaCare Newsletter

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Upcoming Modernization of the Reference Drug Program (RDP)

PharmaCare is modernizing the RDP effective December 1, 2016. Effectively immediately, transitional coverage is in place to allow affected patients to switch drugs, if needed, to retain full PharmaCare coverage.

This article provides information on:

- Drug coverage under the Modernized RDP as of December 1, 2016.
- What the changes will mean for patient coverage
- Coverage during the transition to the Modernized RDP
- How you can assist patients during the transition
- The information available to support prescribers and pharmacists in assisting patients.

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.

About the RDP

The RDP was introduced in 1995 to encourage cost-effective prescribing for common medical conditions without compromising patient care.

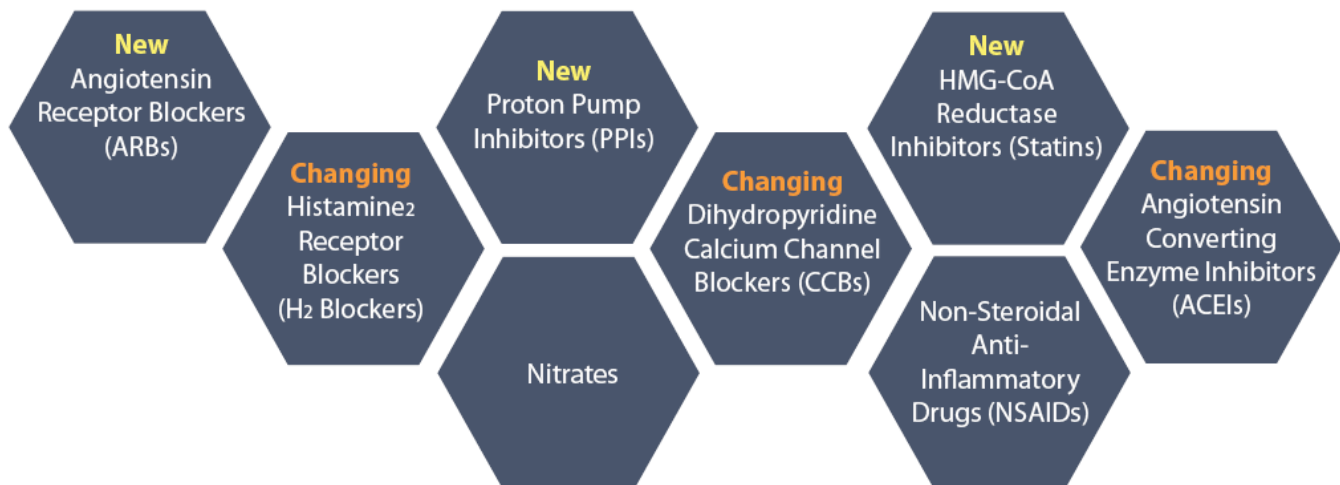
The original RDP applies to five therapeutic classes of drugs. Medical evidence shows that, within each of those categories, the drugs are equally safe and effective.

PharmaCare reviews the cost of the drugs within each category and determines a maximum daily cost it will cover. Fully covered (“reference”) drugs are not subject to the daily maximum; partially covered (“non-reference”) drugs are.

Drug coverage under the Modernized RDP

The Modernized RDP will come into effect on **December 1, 2016**. The modernized program:

- adds three new categories in which drugs are equally safe and effective, and
- amends three of the original categories by changing the PharmaCare coverage of specific drugs within those categories, and
- leaves two original categories unchanged.



For specific drug coverage under the Modernized RDP as of December 1, 2016, please refer to the “Modernized RDP Status” (Column G) of the RDP Master Spreadsheet, available on the [LCA/RDP page](#), or the online version of the [Modernized RDP Poster](#).

The transition to the Modernized RDP

From now until December 1, 2016, transitional coverage will be in place.

Drug coverage during transition

During transition, PharmaCare will cover:

- all Modernized RDP fully covered drugs **and**
- all **original** RDP fully covered and partially covered drugs.

The specific products covered during transition are included in the RDP Master Spreadsheet, available on the [LCA/RDP page](#).

IMPORTANT: As always, actual reimbursement is subject to the patient’s PharmaCare plan rules and any annual deductible requirement.

Drug coverage when the transition period ends

As of December 1, 2016, only the drug coverage status under the Modernized RDP will apply.

How do the changes affect patients?

The Modernized RDP will:

- fully cover many patients for the drugs they are already taking.
- not require any patient to change more than one RDP drug.
- pre-identify and continue full coverage for about 50% of patients taking an RDP drug that will be only partially covered under the Modernized RDP (i.e., patients' coverage will be grandfathered).
- continue full coverage of RDP drugs for which a patient already has PharmaCare Special Authority approval granted before June 1, 2016.
- continue to offer patients partial coverage if they choose to stay on their current medication.
- continue to accept Special Authority requests for full coverage of another drug if a patient has tried all the fully covered medications and cannot tolerate them.

How to assist patients during the transition period

To assist patients, pharmacists can determine:

- if a patient is taking a drug affected by modernization,
- whether the patient has already been granted continued full coverage despite modernization,
- if not, whether they should consider switching drugs to retain eligibility for full coverage, and
- if they choose to switch, adapting the prescription or referring the patient to their prescriber.

Identifying patients on drugs affected by RDP modernization

Coverage of the following seventeen (17) drugs will be affected by RDP modernization. These drugs are currently eligible for full coverage but, as of December 1, 2016, will be eligible for only partial coverage. Patients taking one of these drugs **may** need to consider switching if they rely on PharmaCare coverage.

Therapeutic Category	Drugs that will become partial benefits on December 1, 2016
Angiotensin Converting Enzyme Inhibitors (ACEIs)	<ul style="list-style-type: none"> • captopril • cilazapril with/without hydrochlorothiazide • quinapril with/without hydrochlorothiazide • trandolapril
Angiotensin Receptor Blockers (ARBs)	<ul style="list-style-type: none"> • eprosartan with/without hydrochlorothiazide • irbesartan with/without hydrochlorothiazide • olmesartan with/without hydrochlorothiazide
Dihydropyridine Calcium Channel Blockers (CCBs)	<ul style="list-style-type: none"> • felodipine
HMG-CoA Reductase Inhibitors (Statins)	<ul style="list-style-type: none"> • fluvastatin • lovastatin • pravastatin • simvastatin
Proton Pump Inhibitors (PPIs)	<ul style="list-style-type: none"> • esomeprazole 20 or 40 mg • lansoprazole 15 or 30 mg • omeprazole 20 mg • pantoprazole sodium 40 mg
Histamine₂ Receptor Blockers (H₂ Blockers)	<ul style="list-style-type: none"> • cimetidine

Determining whether a specific patient's coverage is affected

Many patients taking one of the seventeen drugs have been pre-identified for automatic, ongoing full coverage (via an indefinite Special Authority entered in PharmaNet) beyond December 1, 2016. See "[Patients Whose Coverage is Not Affected.](#)"

To determine a specific patient's coverage for an RDP, call the usual PharmaNet HelpDesk number and, from the Self-Service Options, select "Special Authority."

Determining if a patient should consider switching to retain full coverage

The decision to switch a drug should be based on the following:

- If a patient has not been pre-identified for ongoing full coverage, they may still meet the criteria for Special Authority approval for ongoing coverage if their prescriber requests it.

To review the criteria for Special Authority coverage for a specific RDP drug, look up the drug name covered on the [Special Authority](#) web page/on the Reference Drug Program page for health professionals.

If a patient meets the criteria, please refer them to their prescriber who can submit a Special Authority request.

Deciding whether to adapt a prescription or refer the patient to their prescriber

The decision to adapt a prescription or refer the patient to a prescriber should be based on the guidance in the [College of Pharmacists of BC Professional Practice Policy 58](#) (PPP-58).

Important: PPP-58 was recently updated to encompass pharmacist adaptation of RDP drugs in all the Modernized RDP categories.

Supporting information and training

Modernized RDP Information Kits for Health Professionals

To support transitioning patients who rely on PharmaCare coverage, a printed information kit is being mailed to all prescribers and pharmacies.

The kit includes:

The Guide to the Modernized Reference Drug Program which includes:

- a description of the RDP and how it works,
- information about modernization of the RDP and how it may affect PharmaCare coverage, and
- information on price variations within each RDP category.

Enclosures to the guide:

- **Modernized RDP Poster**—A quick reference to drug coverage under the Modernized RDP.
- **Decision Trees for Switching Medications (Posters)**—One poster per category, to help you determine if a patient should consider switching a medication and, if yes, to help you make the change to their drug regimen.
- **Patient Handouts**—to help you alert patients to possible changes in PharmaCare coverage of their RDP drug and of the choices available to them.
- **Prescription bag inserts**—Individual inserts for drugs affected by RDP modernization (one for ACEIs, ARBs and CCBs, one for Statins, and one for PPIs and H₂ Blockers).

Online information

As usual, full information on the benefits under the Low Cost Alternative and Reference Drug Program is available in the [LCA/RDP Data files](#). The RDP Master Spreadsheet (available on the [LCA/RDP page](#)) now includes information on **Transitional RDP Benefit Status** and **Modernized RDP Benefit Status**.

See also the online copies of the guide, poster, decision trees, and patient handout at www.gov.bc.ca/pharmacare/rdp-pro

Full information for your patients is available at www.gov.bc.ca/pharmacare/referencedrugprogram

RDP Modernization training program for pharmacists coming soon

The BC Pharmacy Association is offering an online training program for all B.C. pharmacists on therapeutic substitutions and the Modernized RDP. The free, self-study program will be available online in June. More details, including the date of the program launch, will be coming soon. Watch for information by logging onto www.bcpharmacy.ca

EXCHANGE RATE UPDATE FOR PROSTHETIC SUPPLIERS

The price list for prosthetic components is adjusted, as needed, based on the closing U.S. Exchange Rate published by the Bank of Canada.

The price list is adjusted when the rate changes by at least five cents for a period of five or more consecutive business days. The new rate will reflect the closing rate posted on the first day of this period.

New U.S. Exchange Rate \$1.2621*

***Based on the Bank of Canada rate
at the close of business on
April 26, 2016**

CHANGES TO THE HEALTH INSURANCE BC HELP DESK LINE

The PharmaCare Help Desk phone line options have changed.

When you call, press “1” to immediately access [self-service options](#). As usual, you can use these options to:

- Obtain a prescriber ID
- Determine whether a Special Authority exists for a prescription, and if so, the maximum supply and expiry date
- Check benefit plans for a given drug
- Obtain information about a blood glucose certificate

A revised copy of the telephone options for pharmacies will be mailed to all pharmacies in the near future.

You can also use the Help Desk phone line to:

- Find out about a rejected claim
- Verify information from a BC Services Card
- Report misuse of a BC Services Card
- Find out about Patient Restrictions
- Report a timeout or technical problem with the PharmaNet system
- Obtain information about changes to the blood glucose test strip coverage
- Obtain information about the Pharmacy Enrollment process

These are not self-service options. If you select any of these options, a representative will answer your call.



BENEFITS

Limited Coverage Drug Program

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, and F and, if indicated, Plan G and/or Plan P.

For information on all Special Authority drugs, visit our [Special Authority](#) page.

For criteria and forms for a **specific** drug, click on the **drug name** below.

COVERAGE EFFECTIVE	April 5, 2016	
DRUG NAME	ribavirin (Ibavyr™)	
INDICATION	Chronic Hepatitis C (CHC) in Adults	
DIN	02439212	200 mg oral tablet
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	April 5, 2016	
DRUG NAME	tiotropium bromide monohydrate - olodaterol hydrochloride (Inspiolto™ Respimat®)	
INDICATION	Chronic Obstructive Pulmonary Disease (COPD)	
DIN	02441888	2.5 mcg – 2.5 mcg solution for inhalation
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	April 5, 2016	
DRUG NAME	tiotropium bromide (Spiriva® Respimat®)	
INDICATION	Chronic Obstructive Pulmonary Disease (COPD)	
DIN	02435381	2.5 mcg solution for inhalation
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	April 5, 2016	
DRUG NAME	aclidinium bromide - formoterol fumarate dihydrate (Duaklir™ Genuair®)	
INDICATION	Chronic Obstructive Pulmonary Disease (COPD)	
DIN	02439530	400 mcg - 12 mcg powder for oral inhalation
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

COVERAGE EFFECTIVE	April 5, 2016	
DRUG NAME	apixaban (Eliquis®)	
INDICATION	Thromboembolic events (venous), treatment and prevention of recurrence	
DIN	02377233	2.5 mg tablets
DIN	02397714	5 mg tablets
PLAN G BENEFIT?	No	
PLAN P BENEFIT?	No	

Non-Benefits

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

DIN	DRUG NAME
02444747	daclatasvir (Daklinza™) 30 mg oral tablet
02444755	daclatasvir (Daklinza™) 60 mg oral tablet

High-Cost Drugs

The following product will be added to the list of designated high-cost drugs. For details on the High-Cost Drug policy, see [Section 5.8](#) of the PharmaCare Policy Manual.

DIN	DRUG NAME	Effective Date
02424770	Tocilizumab subcutaneous (SC) (Actemra®) 162 mg/0.9 mL pre-filled syringe	July 1, 2016