



BC PharmaCare Newsletter

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FIRST NATIONS HEALTH AUTHORITY CLIENTS—PHARMACARE TRANSITION UPDATE

As announced in a [previous newsletter](#), on **October 1, 2017**, First Nations Health Authority (FNHA) clients will join the BC PharmaCare program. On that date, most FNHA clients who have been receiving benefits through Health Canada's Non-Insured Health Benefits (NIHB) program will be eligible for coverage of prescribed medications, pharmacy services, select over-the-counter products, and select medical devices and supplies, under the PharmaCare **First Nations Health Benefits Plan (Plan W)**. Please see [eligibility guidelines](#) for further information.

For a visual guide to the Special Authorities that have been put in place to assure continuity of care, please see the [Pharmacist Guide: FNHA-PharmaCare Coverage Continuity](#).

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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.

Over-the-counter (OTC) Drugs

Plan W OTC Drugs

For continuity of care, PharmaCare Plan W will cover most OTC medications previously covered under the NIHB formulary, with some modifications to align with PharmaCare's Low Cost Alternative (LCA) policy. PharmaCare Special Authority approval for full coverage of an OTC product subject to the LCA policy will not be available.

To be eligible for coverage, all OTC medications must be entered in PharmaNet. Prescriptions from a physician, nurse practitioner, or midwife are required to support the claims for many OTCs. Other OTCs are considered appropriate for pharmacist-initiated treatment. For guidance, see the list of [OTCs considered appropriate for pharmacist-initiated therapy](#).

If the patient has a prescription for an OTC:

- Enter the claim in PharmaNet as you would any other prescription, and
- retain a copy of the prescription on file.

If the patient requires an OTC item found on the list of OTCs considered appropriate for pharmacists-initiated therapy:

- Enter the claim with P1 (for College of Pharmacists of BC) in the PRACT ID REF field and your own College Registration Identification (Reg ID) in the Prescriber ID field, and
- Retain a record of the purchase similar to that required for prescription items.

OTC Drugs Still Covered by NIHB

NIHB will continue to cover some drugs for Plan W beneficiaries. These should adjudicate automatically when you enter the claim in PharmaNet.

Device Benefits

Plan W Devices

PharmaCare Plan W will cover a small number of devices as Plan W benefits. PINs have been assigned to many of these items. Please see [Plan W Non-Drug OTC Benefits PINs](#) on the PharmaCare website. Be sure to use these PINs when submitting claims for these items for Plan W beneficiaries.

Devices Still Covered by NIHB

NIHB will continue to cover some devices for Plan W beneficiaries. These should adjudicate automatically when you enter the claim in PharmaNet.

Medical Supplies and Equipment Coverage

After October 1, 2017, FNHA clients will continue receiving NIHB coverage for medical supplies and equipment ("MS&E") that require NIHB prior authorization. Please submit these claims to NIHB, not PharmaCare. For more information on NIHB MS&E benefits and the items that require prior authorization, see the list of [NIHB MS&E benefits](#).

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Blood Glucose Test Strips—First-Fill Procedure

All FNHA clients eligible for Plan W, who have existing coverage for Blood Glucose Test Strips (BGTS) through NIHB, will have their BGTS coverage automatically transferred to PharmaCare.

For Plan W beneficiaries who are diagnosed with diabetes after October 1, 2017, NIHB will cover the first fill of BGTS. NIHB has created a new PIN for processing these first fills. For new diabetes patients, use the NIHB PIN below and submit the claim to NIHB. FNHA will receive weekly lists of these claims and will transmit the information to PharmaCare so that subsequent claims will adjudicate under Plan W.

NIHB PIN	PRODUCT
09991549	Any blood glucose test strip product that is a PharmaCare benefit

If you encounter difficulties with the NIHB PIN for the first fill, call NIHB. If you encounter problems with a subsequent fill, please call the PharmaNet Helpdesk.

Out-of-Province Coverage

Because PharmaCare is a provincial program and only directly covers drug purchases made through PharmaCare providers, Plan W beneficiaries will no longer be able to receive coverage at the time of purchase at pharmacies outside British Columbia. Plan W beneficiaries may, however, apply for reimbursement for eligible out-of-province purchases by filling out the Application for Reimbursement (HLTH 5480) form (available after mid-October 2017 on the PharmaCare website) and attaching original pharmacy receipts or official duplicates. Pharmacy receipts are also required for eligible OTC benefits.

FNHA and PharmaCare recommend that Plan W beneficiaries use the Travel Supply Policy as much as possible to avoid out of pocket expenses. Refer clients to the [General Coverage Policies](#) page for details on the Travel Supply Policy.

Registration with Provincial Treatment Agencies

FNHA clients may previously have received coverage for drugs for the treatment of cancer, HIV/AIDS, kidney diseases, and solid organ transplants through NIHB. Like all B.C. residents, FNHA clients are eligible to receive care, services, and medication through the BC Cancer Agency, BC Centre for Excellence in HIV/AIDS, BC Renal Agency or BC Transplant as appropriate. All cancer, HIV/AIDS, renal, and transplant patients who are Plan W beneficiaries need to be enrolled with the appropriate agency by their physicians. NIHB will be providing 6 months of ongoing coverage for patients already receiving treatment to ensure coverage continuity.

Frequency of Dispensing (FoD)

Please note the Frequency of Dispensing (FoD) policy applies to Plan W beneficiaries. In recognition of the workload this would place on pharmacists at the time of transition from NIHB to PharmaCare coverage, FoD forms will not be required for an existing prescription until it is renewed or expires. A new or renewed prescription for Plan W beneficiaries will require an FoD form. For information on the Frequency of Dispensing policy, see the [PharmaCare Policy Manual, Section 8.3](#).

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Please be aware that prescriptions requiring an FoD form are regularly monitored for adherence to PharmaCare policy and the Ministry of Health will recover funds if the number of dispensing fees paid exceeds those allowed. Prescriptions previously covered by NIHB will be monitored to ensure that the frequency of dispensing remains consistent.

PharmaCare Formulary Search

Due to technical limitations, the Formulary Search will not return Plan W information, nor will Plan W be available as an option for searches by plan, until early October 2017. However, a separate version of the [Downloadable Drug File](#) containing all Plan W information is already available on the PharmaCare website (compressed Excel file – 2.7 MB .zip). You can sort it by plan, or by individual drug name or DIN. Note that this file is intended for information only, and should not be used in automated processes or applications.

Assistance with Plan W issues

For difficulties with claims that do not adjudicate as expected, or for questions about coverage, call the PharmaNet Helpdesk.

For all other inquiries, please call the FNHA at 1-855-550-5454.

FAIR PHARMACARE MONTHLY DEDUCTIBLE PAYMENT OPTION

Do you have patients who are worried about paying for their prescriptions or medical supplies until they meet their deductible?

The Monthly Deductible Payment Option (MDPO) can ease the financial burden early in the year. Families who enrol in the MDPO pay their Fair PharmaCare deductible in monthly instalments and receive assistance with their eligible prescription or medical supply costs right away.

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 or medical supply costs to meet or exceed their Fair PharmaCare deductible.

After September 30, 2017, PharmaCare will accept enrolments for the MDPO for 2018. Enrolling at, or before, the start of the calendar year offers eligible individuals and families the smallest monthly instalment payment.

Each fall, letters are sent to those who enrolled for the current year advising them that enrolment for the following year is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

For more information, patients can visit [Increased Assistance and Payment Options](#) on our PharmaCare website or contact Health Insurance BC.

BENEFITS

High-Cost Drugs

The following products 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. The [complete list of high-cost drugs](#) is available online.

DIN	DRUG NAME	Effective Date
02452219	deferasirox (Jadenu®) 90 mg oral tablet	Oct. 26, 2017
02452227	deferasirox (Jadenu®) 180 mg oral tablet	Oct. 26, 2017
02452235	deferasirox (Jadenu®) 360 mg oral tablet	Oct. 26, 2017

Non-Benefits

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

DIN	PRODUCT
02455005	ticagrelor (Brilinta®) 60 mg oral tablet
02457393	calcipotriol-betamethasone dipropionate (Enstilar®) 50 mcg/g and 0.5 mg/g aerosol foam