



BC PharmaCare Newsletter



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PHARMACISTS IN ACTION: RESPONDING TO THE VALSARTAN RECALL

When Health Canada issued a recall of several drugs containing valsartan, B.C. pharmacists stepped up and demonstrated their value in a time of crisis.

Supported by the rapid guidance provided by the College of Pharmacists of B.C. and the B.C. Pharmacy Association, pharmacists helped thousands of patients switch from valsartan to another angiotensin receptor blocker (ARB).

In the seven weeks following the recall, 23,395 patients using valsartan switched to another ARB. In the same period, the rate of those switches initiated by a pharmacist increased from 2 % to 17 % of patients newly starting an ARB, minimizing both physician visits and the overall impact to the B.C. health system.



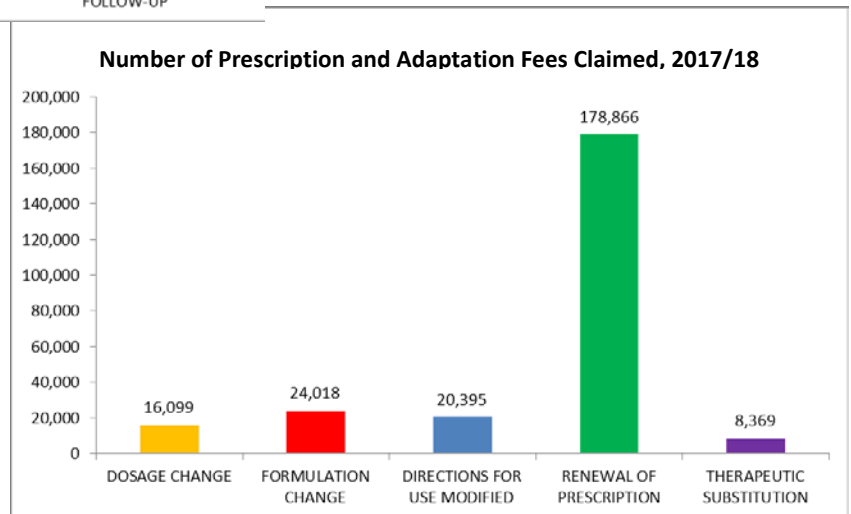
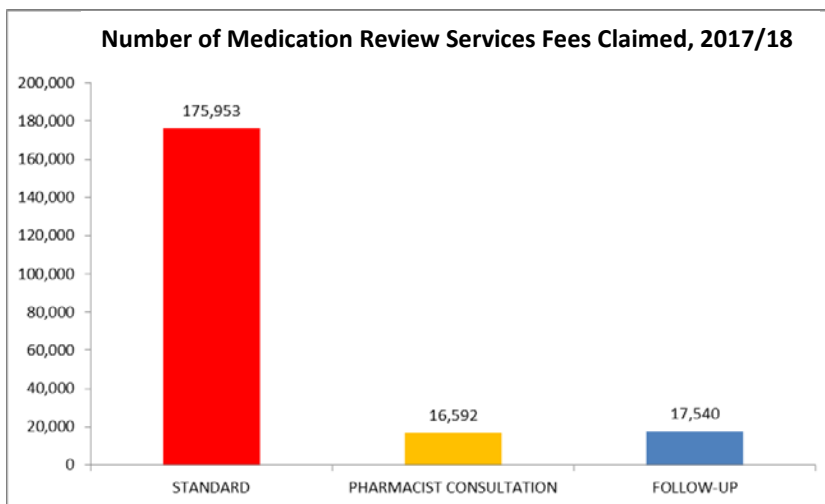
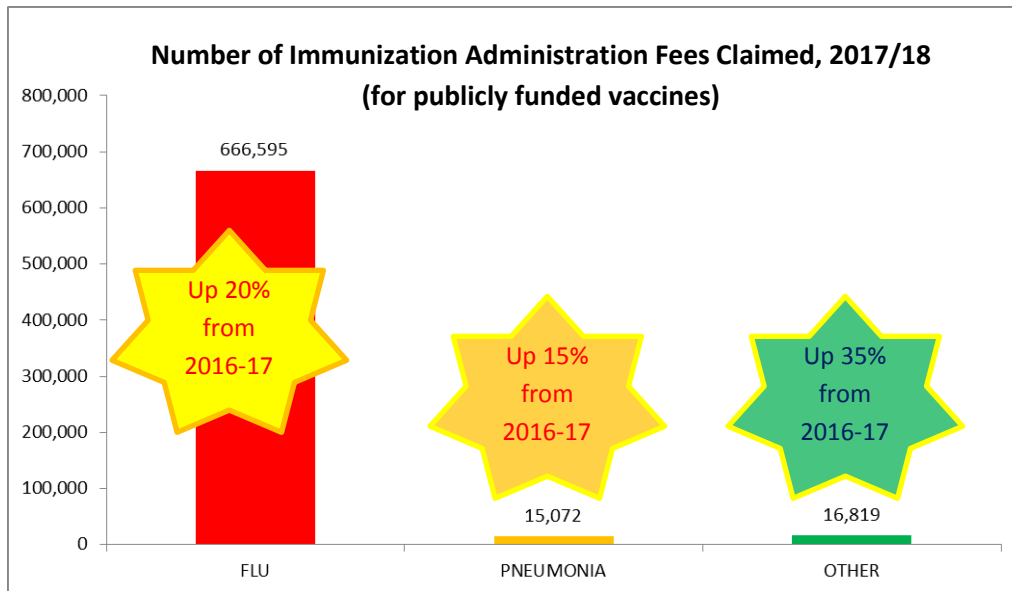
HOW WELL DO YOU KNOW YOUR ANTICHOLINERGIC DRUGS?

The latest [Therapeutics Initiative Letter](#) looks at commonly used drugs prescribed for a variety of clinical conditions that have anticholinergic (antimuscarinic) properties, as well as their potential adverse effects.

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. www.gov.bc.ca/pharmacarepharmacists | www.gov.bc.ca/pharmacareprescribers | www.gov.bc.ca/pharmacaredeviceproviders

CLINICAL SERVICES FEES 2017–18

Pharmacists are hard at work every day in B.C.—and not just in response to crises. Clinical services fees charged by B.C. pharmacists in fiscal year 2017–18 demonstrate the volume of services provided and claimed across the province.



PLAN W CLAIMS PROCESSING UPDATES

Submitting OTC Claims for Plan W Beneficiaries in Plan B Facilities

First Nations Health Authority (FNHA) clients receiving care in a Plan B facility can receive coverage for eligible over-the-counter (OTC) drugs and/or medical devices under Plan W's OTC coverage.

A Plan B pharmacy can submit an OTC claim for a FNHA client with Plan W coverage by submitting the claim without the Plan B facility code, so the claim adjudicates under Plan W instead of Plan B.

Plan W Covers Ostomy Supplies for FNHA clients

PharmaCare covers eligible [ostomy supplies](#) for FNHA clients who have undergone bowel and/or bladder surgery that resulted in a colostomy, ileostomy, or urostomy requiring an external pouch. Pharmacies and medical device providers may provide ostomy supplies to Plan W clients and make claims directly on PharmaNet adjudicating in real time.

Additional coverage may be available for FNHA clients under the federal Non-Insured Health Benefits plan for ostomy supplies that are not PharmaCare benefits.

PHARMACARE COVERAGE AND PATIENTS LEAVING B.C.

Fair PharmaCare coverage is only available to B.C. residents with MSP coverage, and applies when their drugs and devices are dispensed in B.C.

Temporarily Residing outside of B.C.

PharmaCare does not cover drug or device costs for a person [temporarily residing outside of B.C.](#)

A person's PharmaCare coverage resumes when they return to reside in B.C., provided their MSP coverage remains active.

Permanently Leaving B.C.

PharmaCare coverage ends the day a person leaves B.C. to take up permanent residence elsewhere, even though they may temporarily [retain their MSP coverage during transition](#) to another province or territory.

From the day the person leaves B.C., they are no longer eligible for PharmaCare drug or device coverage. The person must call HIBC in advance of their departure to report their address change. This will ensure that future claims from pharmacies or device providers are not erroneously billed to PharmaCare.

FAIR PHARMACARE MONTHLY DEDUCTIBLE PAYMENT OPTION

The Monthly Deductible Payment Option (MDPO) can ease financial stress early in the year. Families who enroll in the MDPO pay their Fair PharmaCare deductible in monthly installments and receive assistance with their eligible prescription or medical supply costs immediately.

The MDPO is available to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance,

- have a deductible greater than \$0, and
- expect their annual prescription and medical supply costs to meet or exceed their Fair PharmaCare deductible.

After September 30, 2018, PharmaCare will accept enrollment in the MDPO for 2019. Enrolling before the start of the calendar year offers individuals and families the smallest monthly installment payments.

Enrollment in the MDPO is required every year for those who wish to continue with a monthly deductible. Each fall, letters are sent to those who enrolled for the current year advising them that enrollment for the following year is not automatic. If they wish to re-enroll, they must respond as directed in the letter.

For more information, visit [Increased Assistance and Payment Options](#) or contact Health Insurance BC.

Fair PharmaCare Changes and the MDPO

As of January 1, 2019, PharmaCare deductibles and family maximums will be changing for individuals and families who need it most. Families making less than \$30,000 per year will no longer have a deductible and will not have to enroll in the MDPO to receive assistance with prescription costs from the beginning of the year.

More information about changes to Fair PharmaCare and how it will affect individuals and families is [available online](#).

YOUR VOICE: PATIENT INPUT NEEDED FOR DRUG DECISIONS

The feedback and experiences of patients, caregivers, and patient groups is integral to [B.C.'s drug review process](#).

The Ministry depends on pharmacies and practitioners to help connect patients and their caregivers with opportunities to provide input. If you have a patient who is currently taking one of the drugs under review or who has the condition the new drug treats, please encourage them to visit www.gov.bc.ca/BCyourvoice.

BC PharmaCare is currently seeking input on the following drugs:

DRUG NAME	crisaborole (Eucrisa™)
INDICATION	Atopic dermatitis
INPUT WINDOW	September 19–October 17, 2018

DRUG NAME	insulin glargine-lixisenatide (Soliqua™)
INDICATION	Type 2 diabetes mellitus
INPUT WINDOW	September 19–October 17, 2018

DRUG NAME	rivaroxaban (Xarelto®)
INDICATION	Prevention of stroke and cardiovascular events in coronary and peripheral artery disease
INPUT WINDOW	September 19–October 17, 2018

BENEFITS

Smoking Cessation: Champix® No Longer Covered as a Full Benefit

As of September 14, 2018, PharmaCare only partially covers the smoking cessation drug Champix®.

Effective July 16, 2018, generic versions of varenicline tartrate have been listed as full PharmaCare benefits for a continuous course of treatment up to 12 weeks or 84 consecutive days in a calendar year.

COVERAGE EFFECTIVE	July 16, 2018		
DRUG NAME	varenicline tartrate (Apo-Varenicline)		
INDICATION	For smoking cessation treatment, in conjunction with smoking cessation counselling		
DIN	02419882	STRENGTH & FORM	0.5 mg tablet
	02419890	STRENGTH & FORM	1 mg tablet
PLAN G BENEFIT?	Yes		
PLAN P BENEFIT?	No		

Smoking Cessation Program Product Changes

Starting October 2018, Nicorette® Rx gum 2 mg and 4 mg will have different Natural Product Numbers (NPNs) than the over-the-counter (OTC) versions. There are no NPN changes to the OTC versions of Nicorette 2mg and 4mg gum.

PharmaCare will cover both the current and new NPNs until February 28, 2019. Effective March 1, 2019, only Nicorette® Rx gum (Ultra Fresh Mint) with the new NPNs will be fully covered by PharmaCare.

BRAND NAME	PRODUCT TYPE AND STRENGTH	PACK SIZE	CURRENT NPN	NEW NPN
Nicorette Rx	Gum 2 mg	105	2091933	80069513
Nicorette Rx	Gum 4 mg	105	2091941	80069471

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

DIN	DRUG NAME	Markup	Effective Date
02470373	Infliximab 100mg/vial powder for solution (Renflexis™)	5%	November 3, 2018

Limited Coverage Drugs

The following drug has been added as a Limited Coverage Drug under Fair PharmaCare and Plans B, C, F, and W.

COVERAGE EFFECTIVE	October 2, 2018		
DRUG NAME	ulipristal acetate (Fibristal®)		
INDICATION	For the treatment of moderate to severe symptoms of uterine fibroids		
DIN	02408163	STRENGTH & FORM	5 mg tablet
PLAN G BENEFIT?	No		
PLAN P BENEFIT?	No		