BC PharmaCare Newsletter

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TRENDS IN UTILIZATION OF PPIs IN B.C.

The latest Therapeutics Initiative Letter examines proton pump inhibitor trends in B.C. since 2000, their usual recommended durations of use, and what we know about the effects of long-term PPI use.

OPIOID AGONIST TREATMENT TRAINING FOR PHARMACISTS

PharmaCare has partnered with the BC Pharmacy Association to launch a new opioid agonist treatment (OAT) training program for community pharmacists.

The training includes in-person workshops and an online self-study component, focused on expanding pharmacists' knowledge about methadone, buprenorphine/naloxone, and slow-release oral morphine.

This training will be phased in as a mandatory requirement; the Ministry of Health will require one pharmacist from every B.C. pharmacy enrolled as a Methadone Maintenance Provider to be trained by the fall of 2019. The College of Pharmacists of BC and the Ministry of Health will require all pharmacists dispensing OAT medications to complete the training by March 31, 2021.

For further information, and to register for the training program, please visit www.bcpharmacy.ca.

CHANGE IN HELPDESK PROCEDURE FOR HN CLIENT PHARMACIES

HelpDesk calls from HN Client connected pharmacies will now be triaged by the main PharmaNet HelpDesk.

Previously, HN Client connected pharmacies called the Ministry of Health HelpDesk. The MoH HelpDesk transferred calls to CGI, which manages the HN Client system. Approximately half of those calls over the past fiscal year were not due to issues with the HN Client system, and pharmacies were subsequently transferred again to the PharmaNet HelpDesk.

To reduce the number of transfers for pharmacies calling in with technical issues, the main PharmaNet HelpDesk, operated by Health Insurance BC, will accept calls from HN Client-connected pharmacies. HIBC will transfer calls to CGI when appropriate.

PharmaNet HelpDesk
Lower Mainland: 604 682-7120
Rest of BC: 1 800 554-0225

SPAN/BC SYSTEM APPROPRIATE USE

The Office of the Chief Information Officer (OCIO), responsible for network security for all provincial government-operated data networks in B.C., is conducting vulnerability scans on the SPAN/BC network. OCIO has identified risks associated with network use for purposes other than PharmaNet. Pharmacies are reminded that use of the SPAN/BC network is restricted to pharmacy business use only, and connection software must be updated when updates are available.

Once the vulnerability scan has been completed and OCIO has provided recommendations to the Ministry of Health, Health Insurance BC will contact pharmacies where risks have been identified related to SPAN/BC use. No pharmacy action, beyond continued observance of PharmaNet and SPAN/BC Compliance Standards, is required at this time.

FAIR PHARMACARE UPDATES

In March 2019, PharmaCare launched a new online registration system. The new system makes registration faster and easier.

Also, on January 1, 2019, PharmaCare made changes to Fair PharmaCare coverage to provide additional support to BC families. All Regular Assistance families with net annual incomes up to $30,000 are not required to pay a deductible. Family maximums have been eliminated for Enhanced Assistance families (those with a member born before 1940) with a net income up to $14,000 and for Regular Assistance families with a net income up to $13,750. Family maximums have also been lowered for Regular Assistance families with net incomes between $13,750 and $45,000.

Your pharmacy will soon receive tear sheets promoting Fair PharmaCare, to provide to customers purchasing prescription drugs. If you do not receive these tear sheets by mid-May, please contact PharmaCare at pharma@gov.bc.ca.

What Lower Fair PharmaCare Deductibles and Family Maximums Mean for Your Clients

REGULAR ASSISTANCE		ENHANCED ASSISTANCE (one spouse born before 1940)	
Family income	**PharmaCare pays**	**Family Income**	**PharmaCare pays**
Up to $13,750	• 100% of eligible costs right away	Up to $14,000	• 100% of eligible costs right away
$13,750.01 to $30,000	• 70% of eligible costs right away • 100% of eligible costs once new family maximum reached	Over $14,000	• No change • 75% of eligible costs right away • 100% of eligible costs once family maximum reached
$30,000.01 to $41,667	• $0 until new deductible reached • 70% of eligible costs after deductible reached • 100% of eligible costs once new family maximum reached	Over $33,000	• No change • 75% of eligible costs after deductible reached • 100% of eligible costs once family maximum reached
$41,667.01 to $45,000	• $0 until deductible reached • 70% of eligible costs after deductible reached • 100% of eligible costs once new family maximum reached		
Over $45,000	• No change • 70% of eligible costs after deductible reached • 100% of eligible costs once family maximum reached		

FREQUENCY OF DISPENSING (FOD) AUTHORIZATIONS

Verbal FOD Authorization

If a pharmacy receives verbal authorization from a prescriber for frequent dispensing, a patient signature is still required on the HLTH 5378 Frequent Dispensing Authorization (FDA) form. "Physician-authorized frequency of dispensing" should be noted in the Rationale section of the form.

Faxed FOD Refill Authorization

As with verbal FOD authorization, faxed FOD refill authorization also requires a filled FDA with the patient's signature when it is pharmacy-initiated (i.e., the pharmacy faxes a refill authorization to the prescriber).

In any case where a pharmacy does not have a copy of a prescription indicating frequent dispense, a patient-signed FDA is required.

FOD Authorization Requirements for Multiple Frequencies

If a frequent dispense authorization from a prescriber specifies multiple functional frequencies, only one Frequent Dispensing Authorization form is required in situations resembling the following:

- The frequency is uneven (e.g., a M-W-F dispense, where there are 3 days between Friday and Monday, and 2 between the other days)

- Bi-weekly (the week is not evenly divisible by 2)

PLAN C (INCOME ASSISTANCE) BENEFICIARIES PROCEDURE

On rare occasions, the system interface between the Ministry of Social Development and Poverty Reduction and the Ministry of Health fails to transmit patient information to PharmaNet. In these instances, claims for eligible benefits for individuals who should be covered under Plan C may not adjudicate as expected.

If this happens, refer the patient to the local Ministry of Social Development and Poverty Reduction office to ensure that their coverage has been successfully registered in PharmaNet. The Ministry of Social Development and Poverty Reduction will verify that the patient's MSP coverage is active, contact HIBC to resolve issues if necessary, and follow up with the patient once their MSP coverage is confirmed active. Do not phone the PharmaNet Helpdesk, as the Helpdesk will be unable to determine the patient's status.

REVISED FORMS FOR MEDICAL ASSISTANCE IN DYING

As of April 2, 2019, the Ministry of Health has revised the provincial forms for Medical Assistance in Dying (MAiD), in response to feedback from practitioners and pharmacists.

The revised forms include

- clearer wording about the patient's advanced state of irreversible decline, patient eligibility, and the return of the sealed back-up IV kit
- alignment of form elements for enhanced visibility

- revised instruction guides to address frequently asked questions

Changes have also been made to the Prescription and British Columbia Pharmacy Protocols guidance document, which reflect the addition of an optional add-on medication for the intravenous drug protocol.

The Ministry of Health will continue to accept previous version of the forms for cases already in progress. Practitioners and pharmacists should access the most up-to-date forms for new cases as of April 2, 2019.

Questions can be directed to HLTH.MAiDoversight@gov.bc.ca.

MAiD CLAIMS PROCEDURE

Pharmacists claiming an administration fee for MAiD should enter the claim in PharmaNet as they would a drug claim, by entering

- the appropriate MAiD PIN into the DIN/PIN field, and
- the appropriate fee amount ($60 or $100) into the drug cost field.

Entering the fee amount in the drug cost field allows the system to adjudicate the claim in real-time. MAiD administration fees are not adjudicated in the same manner as other Clinical Services Fees.

LIMITED COVERAGE DRUGS

The criteria for Limited Coverage Drug (under Fair PharmaCare and Plans B, C, F, and W) have been expanded as follows:

COVERAGE EFFECTIVE	April 9, 2019		
DRUG NAME	etanercept (Erelzi™)		
INDICATION	Psoriatic arthritis		
DIN	02462850	STRENGTH AND FORM	50 mg/mL prefilled auto-injector
	02462869		50 mg/mL prefilled syringe
	02462877		25 mg/0.5 mL prefilled syringe
PLAN G BENEFIT	No	PLAN P BENEFIT	No
Erelzi is already covered for the treatment of rheumatoid arthritis and ankylosing spondylitis.			