

BC PHARMACARE NEWSLETTER

Edition 19-011
November 26, 2019



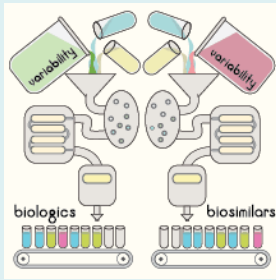
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The PharmaCare Newsletter is published by the Pharmaceutical Services Division to provide information to British Columbia's health care providers.

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.





TI LETTER: BIOSIMILARS OR BIOLOGICS?

[Issue #123](#) of the Therapeutics Initiative Letters examines the differences and similarities between biologics and biosimilars, with reference to the Nor-Switch randomized controlled trial and other systematic reviews.

PROSTHETICS AND ORTHOTICS

Breast Prostheses and Lumpectomy Supplies: Note for Providers

PharmaCare covers breast prostheses and mastectomy supplies for eligible individuals who have undergone a mastectomy or lumpectomy, subject to the rules of their PharmaCare plan.

Patients are eligible for coverage of one breast or lumpectomy prosthesis every **24 months**. Patients are also eligible for two arm sleeves per year, and two gloves or two gauntlets per year. (See [Mastectomy PINs](#)).

In PharmaNet, pharmacies may access records for the past 14 months only. Call the PharmaNet Help Desk before you supply a new prosthesis or supplies to confirm that the correct amount of time has passed since PharmaCare last approved coverage:

From Vancouver/Lower Mainland	604 682-7120
Toll-free	1 800 554-0225

Note: Adjudication through PharmaNet does not mean that two years have elapsed. By contacting the Help Desk you may confirm whether the patient is entitled to the benefit and that the claim will adjudicate accurately.

Old Forms No Longer Accepted

After December 31, 2019, old versions of the following Prosthetic and Orthotic forms will no longer be accepted and providers will be asked to resubmit using the new forms:

- [HLTH 5402 PharmaCare Prosthetic Benefits Application for Financial Assistance](#)
- HLTH 5403 PharmaCare Prosthetic Benefits Invoice
- [HLTH 5404 PharmaCare Prosthetic Benefits \(Non-Limb\) Application for Financial Assistance](#)
- [HLTH 5400 PharmaCare Orthotic Benefits Application for Financial Assistance](#)
- HLTH 5401 PharmaCare Orthotic Benefits Invoice
- [HLTH 5450 PharmaCare Orthotic Benefits Plagiocephaly Helmet](#)

Note: Invoices 5401 and 5403 have been combined into one [Prosthetic and Orthotic Benefits \(HLTH 5417\) Invoice](#).

New versions of these forms may be found on the [PharmaCare Medical Device Provider](#) page or on the [Forms for Medical Device Providers](#) page.

BIOSIMILARS INITIATIVE: END OF PHASE ONE

The switch period for phase one of the Biosimilars Initiative ended November 25, 2019. Effective today, November 26, 2019, PharmaCare will only cover the biosimilar versions of Enbrel®, Remicade®, and Lantus® for the affected indications. As a result, the Biosimilar Patient Support Fee PIN for phase one will no longer be active and the fee cannot be claimed.

Patient support fees may still be claimed for phase two of the Initiative, which affects gastrointestinal patients taking Remicade. The phase two PIN will be active until the end of the second switch period (March 5, 2020). Support fees are entered as a PIN into PharmaNet and are paid monthly to pharmacies, in accordance with the usual monthly payment schedule. For more information on biosimilars and related support fees, visit www.gov.bc.ca/biosimilars/pharmacists

Switch Data

Phase One switch data (as of October 31, 2019) that may be of interest:

Biosimilar Phase One Switches	Number of Patients	# Biosimilar PNET Claims	% based on Claims
Enbrel	2,000	920	46%
Lantus	18,400	5,300	29%
Remicade Phase One (non-GI)	400	190	48%

Patient Support Fee for Pharmacists	May	June	July	August
Monthly Switch Total	203	3171	2206	1151
Accumulative Total	203	3374	5580	6731

Comments: The above amounts represent paid claims only.

Patient Support Fee for Prescribers	May	June	July	August	September
Monthly Switch Total	155	1736	1397	1434	1735
Accumulative Total	155	1891	3288	4722	6457

Comments: August numbers are not final but early information shows strong use.

Note: this data is collected from up to October 31, 2019 only and does not reflect a complete report for the end of phase one.

PLAN Z (ZE) APPLICATIONS REQUIRE COMPLETION OF MSP ENROLMENT

Applications for exceptional coverage under Plan Z (ZE) should only be submitted for individuals who have completed their application for MSP coverage. These will typically be individuals who have recently moved to British Columbia and have not yet completed the mandatory coverage wait period for MSP coverage. To be eligible for exceptional Plan Z coverage they must, however, have completed both steps of the MSP application process. That is, they must have identity-proofed for a BC Services Card, and the Ministry of Health must have received and approved their MSP enrolment application.

Applications submitted for individuals who have not completed MSP enrolment will be rejected; they cannot be held until the individual completes the MSP enrolment process.

Please do not submit form [HLTH 5499 Plan Z Exceptional Coverage](#) for individuals who have not completed the MSP enrolment process. If patients require more information or assistance with their MSP enrolment, they can go to www.gov.bc.ca/msp or call HIBC at the numbers below.

Note that the MSP enrolment process may take longer than is feasible for patients requiring a medication on the Plan Z formulary. If a patient is ineligible for coverage under Plan Z or ZE and cannot pay out of pocket for their prescription, please refer them back to their prescriber to discuss alternatives.

From Vancouver/Lower Mainland	604 683-7151
Toll-free	1 800 663-7100

COLLABORATIVE PRESCRIBING AGREEMENT CHANGE: APREPITANT (EMEND®)

The Collaborative Prescribing Agreement (CPA) for aprepitant (Emend®) will be replaced by a CPA for [netupitant-palonosetron \(Akynzeo®\)](#).

Effective November 26, 2019, [netupitant-palonosetron \(Akynzeo®\)](#) is a Limited Coverage benefit for the prevention of acute and delayed nausea and vomiting due to highly-emetogenic cancer chemotherapy. No new CPAs for aprepitant will be issued as of this date.

The aprepitant CPA will remain active for current exempted prescribers until February 1, 2020. Special Authority (SA) coverage will continue until August 1, 2020, for patients prescribed aprepitant before February 1 and receiving coverage under the aprepitant CPA.

For continued coverage, SA requests for aprepitant must be submitted manually for patients granted non-CPA SA approval for aprepitant before February 1, 2020, or all new aprepitant-treated patients after February 1.

HELP DESK HOLIDAY HOURS

The PharmaNet Help Desk will be closed from 10:15 p.m. on December 24, until 10:15 p.m. on December 25, 2019.

If you experience connection problems during this time, please call 250-361-5790.

The Interactive Voice Response system will be available via the Help Desk phone numbers.

YEAR-END CHANGE WINDOW

To allow for annual routine maintenance activities,

- Fair PharmaCare registration online and by phone will be unavailable starting at 7:30 a.m. Tuesday, December 31, 2019.
- Online registration service will resume by 8:00 a.m. on Monday, January 1, 2020.
- Phone registration services will resume at 8:00 a.m. on Tuesday, January 2, 2020.

BLOOD GLUCOSE TEST STRIPS—YEAR-END REMINDER

On January 1, 2020, patients will be assigned their annual limit of blood glucose test strips. Please ensure you use the correct “Within Annual Limit” PIN, as listed on the [PharmaCare website](#), for claims until patients exceed their annual limit.

The list of blood glucose test strips eligible for PharmaCare coverage changes on a regular basis. Please consult the [list of eligible test strips](#) on the PharmaCare website before submitting claims.

All strips purchased by a patient, regardless of the payer, count toward the patient’s annual limit.

Patient information on the [PharmaCare Quantity Limits for Blood Glucose Test Strips](#) is available on our website. For blood glucose test strip information in multiple languages, visit our [Patient Information Sheets](#) page.

FAIR PHARMACARE ANNUAL UPDATE

Fair PharmaCare deductibles for 2020

On January 1, 2020, PharmaNet will be updated to reflect 2020 annual deductibles and family maximums for all registered individuals and families. Deductible accumulations from 2019 will be reset to zero.

Fair PharmaCare coverage levels for 2020 are based on family net income for 2018. Registered Disability Savings Plans are not included when determining assistance levels.

Deductible information for patients for 2020

Fair PharmaCare registrants can access their deductible and family maximum information in the following ways:

<p>Through the PharmaCare website, individuals can:</p>	<ul style="list-style-type: none"> • Use the Fair PharmaCare Calculator to estimate their deductible information. • Request that a Confirmation of Fair PharmaCare Coverage be mailed to them.
<p>Individuals can also contact Health Insurance BC (Monday to Friday 8AM–8PM and Saturday 8AM–4PM):</p>	<ul style="list-style-type: none"> • From the Lower Mainland, call 604 683-7151. • From the rest of B.C., call toll-free 1 800 663-7100.

Retroactive reimbursements

PharmaCare reimburses expenses above a family's Fair PharmaCare deductible only if the expenses were incurred after the family registered for the plan, but all eligible costs for the year count toward a family's Fair PharmaCare deductible.

However, if a family qualified for increased assistance during the year, their new, lower deductible and family maximum are applied to any eligible items bought after January 1 of the current year or the date of the family's Fair PharmaCare registration, whichever is later.

Retroactive reimbursement is calculated automatically after year-end. In the spring of 2020, a reimbursement cheque will be mailed to each qualifying individual or family.

The Monthly Deductible Payment Option (MDPO)

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 instalments 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, 2019, PharmaCare will accept enrolment into the MDPO for 2020. Enrolling before the start of the calendar year offers individuals and families the smallest monthly instalment payments.

Enrolment 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 enrolment 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.

LAMOTRIGINE NOW A REGULAR PLAN G BENEFIT

On November 12, 2019, lamotrigine (Lamictal® and generics, subject to Low Cost Alternative pricing) became a regular Plan G benefit for the treatment of bipolar disorder. Previously, lamotrigine was a Limited Coverage drug under Plan G, which required Special Authority (SA) approval for Plan G coverage. The Drug Benefit Council (DBC) assessed a systematic review of lamotrigine and recommended that lamotrigine be a regular benefit under Plan G without requiring SA approval.

For more information, see the [Drug Decision Summary for lamotrigine](#).

Note: lamotrigine is already a regular benefit under Fair PharmaCare, Plan B, Plan C, Plan F, and Plan W, subject to the rules of each Plan.

BENEFITS

The following product is now a regular benefit under PharmaCare Plan G:

COVERAGE EFFECTIVE	November 12, 2019		
DRUG NAME	lamotrigine (LAMICTAL® and generics)*		
INDICATION	Bipolar disorder		
PLAN G BENEFIT	Yes	PLAN P BENEFIT	No

*For a list of covered lamotrigine DINs and strengths/forms, see the [PharmaCare formulary](#).

The following products have been added as Limited Coverage benefits under Fair PharmaCare and PharmaCare Plans B, C, F, and W:

COVERAGE EFFECTIVE	November 26, 2019		
DRUG NAME	apomorphine (Movapo™)		
INDICATION	Severe Parkinson's Disease		
DIN	02459132	STRENGTH AND FORM	10 mg/mL in 3 mL pre-filled pens
PLAN G BENEFIT	No	PLAN P BENEFIT	No

COVERAGE EFFECTIVE	November 26, 2019		
DRUG NAME	mycophenolate mofetil (Teva-Mycophenolate)		
INDICATION	Autoimmune hepatitis and bullous pemphigoid		
DIN	02364883	STRENGTH AND FORM	250 mg capsule
	02348675		500 mg tablet
PLAN G BENEFIT	No	PLAN P BENEFIT	No

COVERAGE EFFECTIVE	November 26, 2019		
DRUG NAME	netupitant-palonosetron (Akinzeo®)		
INDICATION	Chemotherapy-induced nausea and vomiting		
DIN	02468735	STRENGTH AND FORM	300 mg (netupitant), 0.5 mg (palonosetron) capsule
PLAN G BENEFIT	No	PLAN P BENEFIT	No