



BC PharmaCare Newsletter

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FIRST NATIONS HEALTH AUTHORITY TRANSITION TO PHARMACARE

On **October 1, 2017**, First Nations Health Authority 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 and pharmacy services under the PharmaCare **First Nations Health Benefits Plan (Plan W)**.

Why is the FNHA making this change?

The FNHA is committed to developing a first-of-its-kind provincial First Nations drug benefits plan, leveraging provincial systems where possible. The PharmaCare First Nations Health Benefits Plan will let B.C. First Nations access drug benefits in the same way as other British Columbians, and eliminate problematic interfaces between federal and provincial benefits.

All B.C. First Nations members who are eligible for the B.C. Medical Services Plan (MSP) will continue to be eligible for coverage under other PharmaCare plans.

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 First Nations Health Benefits Plan (Plan W)

Plan W will cover 100% of eligible prescription and dispensing fee costs (up to the usual PharmaCare maximums) and certain medical supplies and devices for eligible individuals. Plan W is not income-tested and no deductibles or family maximums apply.

Who is eligible for Plan W?

Plan W coverage is available to an individual if they:

- have active MSP coverage, and
- are a registered Indian under the Indian Act, or are a child of less than 1 year of age who has at least one parent who is a registered Indian under the Indian Act, and
- are not an individual who is eligible to receive comprehensive drug coverage through:
 - a treaty and land claims agreement under the Constitution Act, 1982 (Canada) (unless that treaty and land claims agreement has been identified by the provincial Minister of Health as not resulting in ineligibility), or
 - a written contribution arrangement between a First Nations organization and a government or province of Canada under which the government provides funding and which has been identified by the provincial Minister of Health as resulting in ineligibility for enrolment.

Eligibility for Plan W is confirmed by FNHA.

What identification do FNHA clients need to provide to access Plan W coverage?

FNHA clients need only provide their PHN (BC Services Card or CareCard) and their status card when accessing Plan W benefits. Their status card is not required for drug benefits, however it may be necessary to access health benefits that are not covered through PharmaCare. If an FNHA client does not have identification, or if you cannot find their PHN, please call FNHA at 1-855-550-5454.

What will change, and how can I assist my clients?

Approximately 143,000 FNHA clients will be eligible for enrollment in PharmaCare Plan W on October 1, 2017. More than 130,000 of these will be switched automatically. The remaining 13,000 individuals whose MSP premiums are not paid by FNHA (e.g., paid by employers) can transition to Plan W as required. If a client believes they are eligible for Plan W, but claims do not adjudicate appropriately, please call FNHA at 1-855-550-5454.

The PharmaCare Plan W formulary differs slightly from the NIHB formulary. Most existing prescriptions for FNHA clients will continue to be covered automatically through PharmaCare, but some clients may need to change to a different product to access full coverage. Some clients may find they are able to switch to a drug product under the PharmaCare formulary that was not an NIHB benefit. The Plan W formulary will be very similar to the Fair PharmaCare (Plan I) formulary. Until the Plan W formulary is finalized and loaded in PharmaNet, you can use the Plan I formulary as a reference for Plan W, when assisting clients who may need different products to access full coverage.

Low Cost Alternative Program

If a patient is taking a drug that is not fully covered under the PharmaCare Low Cost Alternative (LCA) program, change the patient's prescription to a product that is fully covered under PharmaCare.

Reference Drug Program

Plan W clients currently taking a non-reference drug within the RDP will be given indefinite, full PharmaCare coverage of that medication. Starting October 1, 2017, new prescriptions for non-reference drugs for FNHA clients will be reimbursed by PharmaCare only up to the RDP price. If a client cannot take any of the fully covered reference drugs, they may be eligible for Special Authority (SA) approval of a non-reference drug. Check the [SA web page](#) for criteria.

Limited Coverage Drugs

FNHA clients who currently have a special authorization through NIHB that is a Limited Coverage Drug under PharmaCare will be given transitional SA coverage. These transitional SAs have expiry dates based on the drug prescribed. Clients with existing NIHB special authorization should discuss treatment options with their prescribers no later than six months following the October 1, 2017, change to prevent any interruption in coverage.

Diabetes supplies

FNHA clients who currently receive NIHB coverage of blood glucose test strips, will continue to have coverage under PharmaCare. PharmaCare limits on blood glucose test strips are more generous than NIHB, so clients will not notice a difference. BGTS coverage for these existing patients will be transitioned to PharmaCare automatically.

Information on processing BGTS for FNHA clients who have been newly diagnosed with diabetes after October 1, 2017, will be provided in a future newsletter.

FNHA clients travelling out of province

BC PharmaCare is a provincial program and cannot cover prescriptions purchased outside the province. This is a significant change for some FNHA clients. You may wish to remind FNHA clients to plan ahead before they travel by obtaining the maximum days' supply of their medication. FNHA is developing a reimbursement process for clients who must be outside of B.C. for significant periods of time and unable to obtain enough medication prior to their trip. Updates on out-of-province coverage for FNHA clients will be provided in a future PharmaCare newsletter.

Coverage of over-the-counter drugs and medical supplies and equipment

PharmaCare covers some medical supplies and equipment. For a full list of medical supplies and equipment covered by PharmaCare, please see the PharmaCare webpage on [Benefit Information – Non-Drug Products and Medical Supplies](#). FNHA is working on a solution to provide continuing coverage of over-the-counter drugs, and medical supplies and equipment not covered by PharmaCare. Updates will be provided in a future newsletter.

Does the PharmaCare Full Payment Policy apply to Plan W?

Yes. Because Plan W covers 100% of eligible costs, pharmacies cannot charge FNHA clients more than the amount that PharmaCare covers for drug costs, dispensing fees or pharmacy services.

Will pharmacies' point-of-sale software change?

FNHA and PharmaCare are working with pharmacy software vendors to make sure all local pharmacy software is updated by October 1, 2017, and that claims will automatically adjudicate with PharmaCare as the first payer for eligible clients. The change should be transparent to pharmacists. These updates will allow FNHA client claims to be processed through PharmaNet and adjudicated as first payer against PharmaCare without a "host processing error." The local pharmacy software will then be able to submit claims that have been rejected and/or not fully paid by PharmaCare to an extended healthcare plan (if client has one) and then to Health Canada's NIHB plan as appropriate.

Should a system adjudication issue occur after the October 1, 2017 change, please contact your software vendor.

Assistance with FNHA client issues

Before October 1, 2017, if you have questions about an FNHA client's pharmacy needs, please contact FNHA Health Benefits at 1-855-550-5454.

After October 1, 2017, the PharmaNet HelpDesk can assist you with any questions regarding claims for PharmaCare benefits for FNHA clients.

Other questions should continue to be referred to the FNHA.

Resources for FNHA Clients

If an FNHA client would like more information before the change on October 1, 2017, they can:

- visit the FNHA website at www.fnha.ca
- call the toll free Health Benefits Support line at **1.855.550.5454**
- email HealthBenefits@fnha.ca

CHANGES TO COMPOUNDING WORKSHEET

A new version of the [Compounding Costing Worksheet](#) (HLTH 5425) for pharmacists is now available and should be used instead of the previous version. The new worksheet provides some helpful prompts for attaching necessary documentation, and clarification on required information.

Additionally, a Special Authority form for any [Compound Coverage Request](#) (HLTH 5479) is now available for physicians requesting coverage of compounds for patients.

REMINDER: DRUG SHORTAGES REPORTING

Information about shortages affecting drugs that PharmaCare covers is available on the PharmaCare website's [PharmaCare Drug Shortages Information page](#).

This web page offers up-to-date details on all B.C. shortages of drugs covered by PharmaCare as reported by B.C. community pharmacies and confirmed with manufacturers and wholesalers.

This B.C. specific information allows British Columbians to find out about current local shortages, including the alternatives PharmaCare is covering to support effective patient care.

What information is available on the drug shortages page?

Full details about B.C. drug shortages are provided in two Excel files. The files are automatically updated at the end of each business day.

For any PharmaCare-covered drug that is in short supply, the Drug Shortages file provides:

- details on the shorted drug as reported by BC Community pharmacies
- the alternate drug (if any) that PharmaCare will cover temporarily during the shortage
- the expected and actual duration of the shortage

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The Resolved Drug Shortages file provides:

- information on drug shortages that have been resolved and for which temporary PharmaCare coverage of an alternate product has ended

The Excel files are searchable and can be sorted by drug chemical name, drug trade name, date shortage reported, DIN, manufacturer, and last updated date, allowing for easy access to information.

EXCHANGE RATE UPDATE FOR PROSTHETIC SUPPLIERS

The price list for prosthetic components is adjusted, as needed, based on the average daily 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 daily average rate posted on the first day of this period.

New U.S. Exchange Rate \$1.2628 *

***Based on the [Bank of Canada](#) average rate posted June 18, 2017**

BENEFITS

Regular Benefits

The following new products are now eligible PharmaCare benefits for Fair PharmaCare and Plans B, C, F, and, if indicated below, Plan G and/or Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
02459523	levonorgestrel (Kyleena®) levonorgestrel-releasing intrauterine device 19.5 mg	No	No

Non-Benefits

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

DIN	DRUG NAME
02451530	perindopril arginine-amlodipine (Viacoram®) 3.5 mg/2.5 mg tablet
02451549	perindopril arginine-amlodipine (Viacoram®) 7 mg/5 mg tablet
02451557	perindopril arginine-amlodipine (Viacoram®) 14 mg/10 mg tablet