



BC PharmaCare Newsletter

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NEW PATIENT INFORMATION SHEETS

Our **online Patient Information section** now has information sheets for patients, some of which are available in multiple languages. See the information sheets or send your patients to www.health.gov.bc.ca/pharmacare/patientinfo.html for topics including:

- **Smoking Cessation Program**—available in English, Chinese (Simplified and Traditional), Farsi, French, Korean, Punjabi, and Vietnamese
- **Inducements**—English only
- **Special Authority Information**—includes advice for patients whose private insurer requires them to provide proof of PharmaCare Special Authority.



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.

REMINDER—NEW VACCINE RESOURCES WEB PAGE

As announced in the [PharmaCare Newsletter 12-013](#) on December 20, 2012, we have created a new Vaccine Resource page on the PharmaCare website devoted entirely to information about publicly funded vaccines for pharmacists.

Visit www.health.gov.bc.ca/pharmacare/vaccines.html for:

- Updated general information regarding vaccine procedures, special programs, and individual products
- Individual information sheets for publicly funded vaccine products (which include the criteria for pharmacist access)
- Link to the claims procedures in the PharmaCare Policy Manual
- The full list of PINs for publicly funded vaccines

CHANGES TO EXTENDED HEALTH PLAN COVERAGE FOR B.C. NURSES

The Health Employers Association of British Columbia and the Nurses Bargaining Unit negotiated changes to the drug plan in the Nurses Provincial Agreement.

As a result, effective **February 1, 2013**, the drugs available for coverage through the B.C. nurses' Pacific Blue Cross extended health plan will be aligned with the PharmaCare formulary:

- Drugs not covered by BC PharmaCare will no longer be covered under Pacific Blue Cross, with the exception of Prometrium and hormone-based contraceptives (morning-after pill and non-medicated IUDs are excluded)
- For all drugs that require Special Authority approval for PharmaCare coverage, the patient will need to provide proof of PharmaCare Special Authority approval in order for the cost to be eligible for coverage by their extended health plan.

We recommend that pharmacists closely watch both the PharmaCare and Blue Cross adjudication screens when submitting claims for these patients. If a drug is not covered or requires prior approval, the **combined PharmaCare and Blue Cross adjudication messages** will give you the best information for your patient.

Information on Blue Cross coverage for nurses can be found at www.pac.bluecross.ca/nca.

Do your patients also need general information about PharmaCare Special Authority? A new patient information sheet on this topic is now available on our website at www.health.gov.bc.ca/pharmacare/pdf/sa-patient-info-sheet.pdf.

REMINDER—MEDICATION REVIEW SERVICES

Entering the pharmacy phone number in the SIG field

When submitting a medication review service claim in PharmaNet, it is important to remember to enter the 10-digit phone number of the pharmacy where the service took place. If the number is not entered properly, your claim will not be processed. Please ensure that the number is entered:

- at the **beginning** of the SIG field, and
- in **front** of any other information that will be included here (i.e., the phone number such as 123-456-7890 must appear within the first 20 available characters/spaces in the SIG field).

Other health care professionals will use this number to contact you to request patient information.

COMPOUNDED PRESCRIPTION POLICY—UPDATE

After the announcement in [PharmaCare Newsletter 12-012](#) (November 28, 2012), of the revised Compounded Prescription Policy, PharmaCare was advised that some pharmacies were having billing difficulties due to software compatibilities.

After reviewing the situation and discussing the issues at length with our stakeholders, including pharmacy and software vendors, PharmaCare has decided to proceed as planned with the revised policy and procedures effective **January 28, 2013**. This ensures fairness for the many pharmacies that are already complying with the revised policy since its original introduction on December 10, 2012.

We are confident that the short-term private insurer billing difficulties experienced by some pharmacies will be offset by the ongoing benefits of the revised policy, including transparency and consistency in reimbursement and a significant reduction in the need to submit Special Authority requests for compounds.

Manual billing workarounds for private insurers previously in place in pharmacies for Special Authority compounds are available until automated solutions are in place. For instance, some pharmacies elect to:

- give the receipt to the patient and ask them to submit it to their private insurer
- charge only the PharmaCare eligible amount for patients on Plans C (Income Assistance), F (At Home Program), and P (Palliative Care)
- insert any difference in cost between what PharmaCare pays and what will be charged to the private insurer into the compound fee field (which is not adjudicated by PharmaCare). Third party may or may not opt to pay for the additional costs but will always adjudicate using the amount charged to PharmaCare.

The old compound PINs will be discontinued on January 28, 2013. The new, more specific PINs are available at www.health.gov.bc.ca/pharmacare/pins/pharmpins.html

For the convenience of software vendors, a downloadable file of [PINs-by-maximum-fee](#) and a [column descriptions file](#) is also available on the “pharmpins” Web page.

We appreciate your patience and understanding in this matter. For full information on the Compounded Prescription Policy, please see [Section 5.13](#) of the PharmaCare Policy Manual.

COMING SOON: THE BC SERVICES CARD

Beginning **February 15, 2013**, the provincial government will introduce the BC Services Card, which will be phased in over a five-year period. The new card replaces the CareCard, can be combined with the driver’s licence and also serves as government-issued identification. All BC Services Cards will have an expiry date, enhanced security features and most will have a photograph, which will help to improve patient safety and reduce card misuse.

The Medical Services Plan (MSP) will be the first program available through the new card. With this change, and beginning February 15, 2013, there will be a new requirement for most adult BC residents to renew their enrolment in MSP by 2018.

For more information, please visit health.gov.bc.ca/insurance/pros.html where you will find the following resources:

- BC Services Card ID fact sheet
- questions and answers
- eLearning tool
- technical readiness information

In January 2013, a public communications campaign will be launched to inform BC residents about the BC Services Card and the changes to MSP. Kits with posters, brochures, and other communications materials will be delivered to health providers and other locations in communities across the province. Your pharmacy will receive one of these kits along with an order form for additional materials, which will be available at no charge.

If you would like more general information, please visit BCServicesCard.ca or call 1-800-663-7867 (604-660-2421 in Metro Vancouver and 250-387-6121 in Victoria).

FREQUENCY OF DISPENSING—POLICY REFINEMENTS

Effective **March 1, 2013**, the Frequency of Dispensing policy will be refined as follows:

Required documentation for verbal prescriptions

If a pharmacy receives a verbal authorization to dispense a prescription frequently, the pharmacy will not have any documentation to support a claim for fees for frequent dispensing. To claim a fee the pharmacy must complete a *Frequency of Dispensing Authorization* form and fax it to the prescriber stating the rationale as “physician authorized frequency of dispensing” on the form.

Required documentation for faxed refill authorizations

If a pharmacy transmits a refill authorization to a practitioner, the pharmacy will not have any independent documentation to show that frequency of dispensing was initiated by the practitioner. To support a claim for fees for frequent dispensing, the pharmacy must either:

- ask the practitioner to provide the pharmacy with a refill authorization **produced by the practitioner’s office** requesting frequent dispensing OR
- complete a *Frequency of Dispensing Authorization* form and fax it to the prescriber stating the rationale as “physician authorized frequency of dispensing for refill” on the form.

Prescriber initiated 2–27 day dispensing

Audit evidence indicates that in some cases prescriptions have been dispensed weekly without any supporting documentation and prescription refill authorizations have been used without any independent documentation showing the physician authorization for frequent dispensing. If the pharmacy wishes to claim fees for frequent dispensing, the practitioner must handwrite “Blister Packing/Packaging,” “Weekly Dispensing,” “Compliance Packaging,” or “Bi-weekly Dispensing” on the original prescription.

BENEFITS

Changes to BC PharmaCare’s Coverage for Controlled-release Oxycodone (OxyContin® and OxyNEO®)

As was first announced in the [PharmaCare Newsletter 12-004](#) (February 29, 2012), effective **February 28, 2013**, PharmaCare is discontinuing Special Authority transitional coverage for controlled-release oxycodone (OxyContin® and OxyNEO®) used to treat moderate to severe pain.

At the time of the announcement, transitional one-year coverage was provided for patients with pre-existing indefinite coverage through Special Authority. PharmaCare encourages physicians to work with their patients to reassess the appropriateness of pain management.

For more information on these changes, please refer to [PharmaCare Newsletter 12-004](#).

Regular Benefits

The following new product is now an eligible PharmaCare benefit for the 2012/13 flu season.

DIN	DRUG NAME	LCA STATUS
02381842	oseltamivir phosphate (Tamiflu®) 6 mg/ml oral suspension	N

Continued...

Palliative Care Drug Plan (Plan P) Only

The following new product is now an eligible PharmaCare benefit for Plan P only.

DIN	DRUG NAME	LCA STATUS
02368153	denosumab (Xgeva™) 120 mg/1.7 mL solution for subcutaneous injection in single-use vial	N

Limited Coverage Drug Program Benefits

The following product is an eligible benefit under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, and F. For the Special Authority criteria, please visit the [Special Authority Information](#) page on the PharmaCare website at www.health.gov.bc.ca/pharmacare.

DIN	DRUG NAME	PLAN G	PLAN P
02376393	somatropin injection solution (Nutropin AQ® NuSpin™) 10 mg/2 ml pen cartridge	N	N

The Special Authority criteria for the following products have been modified. For the revised Special Authority criteria, please visit www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/celecoxib.html.

DIN	DRUG NAME	PLAN G	PLAN P
02239941	celecoxib (Celebrex®) 100mg capsules	N	N
02239942	celecoxib (Celebrex®) 200mg capsules	N	N

Non-Benefits

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

DIN	DRUG NAME
02354950	dexlansoprazole (Dexilant™) 30 mg delayed-release capsules
02354969	dexlansoprazole (Dexilant™) 60 mg delayed-release capsules
02366150	oxybutynin chloride (Gelnique™) 100 mg/g topical gel