BC PharmaCare Newsletter

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SLOW-RELEASE ORAL MORPHINE FOR OPIOID AGONIST TREATMENT

As of June 5, 2017, the BC Centre on Substance Use (BCCSU) recommends Kadian® 24-hour slow-release oral morphine as an alternative opioid agonist treatment (OAT) under certain circumstances. Kadian is a regular benefit under Fair PharmaCare and PharmaCare plans P, F, C and B for analgesic use. As of June 5, 2017, Kadian is covered under Fair PharmaCare and Plans P, C, B and G for OAT use.

PharmaCare has established PINs for Kadian for OAT, in order to differentiate this use. Prescriptions filled for Kadian must specify if it is being prescribed for OAT.

For both OAT and analgesic use, PharmaCare covers only the drug cost and a dispensing fee, up to the PharmaCare maximums.

Use the following PINs when entering Kadian for OAT prescriptions:

Kadian 10 mg capsule	22123349
Kadian 20 mg capsule	22123346
Kadian 50 mg capsule	22123347
Kadian 100 mg capsule	22123348

When entering Kadian claims for analgesia, continue to use the product DIN.

Please note: When dispensing Kadian for OAT using the appropriate PINs, the drug will not be subject to the usual PharmaNet Drug Use Evaluation check. Pharmacists are reminded that use of PharmaNet is not intended as a substitute for professional judgement.

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The BCCSU has published A Guideline for the Clinical Management of Opioid Use Disorder. The Guideline provides the following directions for dispensing Kadian for OAT:

- Slow-release oral morphine must be swallowed whole. Crushing, chewing, or dissolving slow-release oral morphine capsules or pellets can cause rapid release and absorption of a potentially fatal dose of morphine sulphate.
- To reduce risk of diversion, daily witnessed ingestion via opening capsules and sprinkling the enclosed pellets for immediate ingestion is strongly recommended. Pellets must not be chewed or crushed.
- Pellets may be sprinkled onto a small amount of applesauce and ingested immediately. Alternatively, in settings where applesauce may be not be available or patient allergies are a concern, pellets may be sprinkled into a 30 mL medicine cup and ingested followed by a cup of water to ensure all pellets have been swallowed.
- Those prescribing slow-release oral morphine are encouraged to call and discuss these requirements and review instructions for witnessed ingestion with the dispensing pharmacy.

Source: A Guideline for the Clinical Management of Opioid Use Disorder. *British Columbia Centre on Substance Use. June, 2017.*

If you are unsure of the dispensing requirements, call the prescriber to discuss. Specific directions for prescribers are available in the BCCSU Clinical Care Guidelines.

For more information on the use of Kadian for OAT, please visit the BCCSU website.

MANUAL CLAIMS—PROCESS UPDATE FOR MEDICAL DEVICE PROVIDERS

Faxing patient-pay manual claims

Medical device providers may now fax manual claims to HIBC on a patient's behalf when a patient is to be reimbursed. The faxed claim will no longer require an "original" paid invoice receipt. Follow-up communications between providers, patients, and HIBC may also be carried out via fax. This change will allow more efficient processing of manual and patient-pay claims.

Fax claims to the HIBC PharmaNet Helpdesk at 250-405-3587.

Documentation requirements for manual claims

The following documentation is required for any manual claim:

- a copy of the approved application, if pre-approval was required

OR

- for plagiocephaly helmets that do not require pre-approval, a copy of both pages of the completed and signed **PharmaCare Orthotic Benefit—Plagiocephaly Helmet (HLTH 5450)** form

AND

- a completed PharmaCare Invoice, which must include the:
  - invoice number
  - date the product or service was dispensed (*This date must be within 6 months of the "Approval Ends" field on the approved application form.)*
  - details of each device or service along with its applicable PIN and PharmaCare cost
  - total approved PharmaCare cost being claimed

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- patient certification portion of the invoice, signed and dated at the time of dispense, which acknowledges the patient's receipt of the product/service and all the information in the certification block
- provider's signature, and the date they discussed the form with the patient.

These documents may be faxed to HIBC. The provider must retain originals.

A patient may submit a claim, or the provider may submit on their behalf, when they have paid the provider in full.

If a claim to PharmaCare is submitted for reimbursement to a patient, the provider remains responsible for:

- obtaining any required pre-approvals
- completing the appropriate PharmaCare Invoice
- ensuring the patient has all the required supporting documentation for the claim, as noted above
- retaining required documentation in the patient's file
- ensuring the patient understands the claims submission deadlines and procedures
- providing the patient with:
  - a completed copy of the appropriate PharmaCare Invoice, including the applicable PINs, that has been completed, signed and dated by both the patient and the provider
  - an original receipt identifying the items dispensed, the cost paid, date of service and marked "PAID IN FULL"
  - where appropriate, a copy of the required page of the PharmaCare-approved application form
  - for plagiocephaly helmets that do not require pre-approval, the completed and signed PharmaCare Orthotic Benefit: Plagiocephaly (HLTH 5450) form, signed and dated by the orthotist and the patient's agent.

PROCEDURE FOR TELEHEALTH PRESCRIPTIONS

PharmaCare does not cover prescriptions from out-of-province prescribers if the patient consulted with the prescriber using telehealth services. Enter these prescriptions with the intervention code "DE—Adjudicate to $0.00 as requested".

BENEFITS

Limited Coverage Drug Program

The following products are eligible benefits under the Limited Coverage Program—by Special Authority only—for Fair PharmaCare and Plans B, C, and F and, if indicated, Plan G and/or Plan P.

For information on all Special Authority drugs, visit our Special Authority page.

For criteria and forms for a **specific** drug, click on the **drug name** below.

COVERAGE EFFECTIVE	May 2, 2017		
DRUG NAME	Entyvio™ (vedolizumab)		
INDICATION	ulcerative colitis (UC) or Crohn's disease (CD)		
DIN	02436841	STRENGTH/FORM	300 mg vial
PLAN G BENEFIT?	No		
PLAN P BENEFIT?	No		

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Non-Benefits

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

DIN	DRUG NAME
02454823	Metoject® Subcutaneous (methotrexate sodium) 7.5 mg/0.15 mL Pre-filled syringe
02454831	Metoject® Subcutaneous (methotrexate sodium) 10 mg/0.2 mL Pre-filled syringe
02454750	Metoject® Subcutaneous (methotrexate sodium) 12.5 mg/0.25 mL Pre-filled syringe
02454858	Metoject® Subcutaneous (methotrexate sodium) 15 mg/0.3 mL Pre-filled syringe
02454769	Metoject® Subcutaneous (methotrexate sodium) 17.5 mg/0.35 mL Pre-filled syringe
02454866	Metoject® Subcutaneous (methotrexate sodium) 20 mg/0.4 mL Pre-filled syringe
02454777	Metoject® Subcutaneous (methotrexate sodium) 22.5 mg/0.45 mL Pre-filled syringe
02454874	Metoject® Subcutaneous (methotrexate sodium) 25 mg/0.5 mL Pre-filled syringe
02408007	Fentora® (fentanyl) 100 mcg buccal tablet
02408015	Fentora® (fentanyl) 200 mcg buccal tablet
02408023	Fentora® (fentanyl) 400 mcg buccal tablet
02408031	Fentora® (fentanyl) 600 mcg buccal tablet
02408058	Fentora® (fentanyl) 800 mcg buccal tablet