



BC PharmaCare Newsletter

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MEDICATION REVIEW SERVICES—CHANGES TO QUALIFYING MEDICATIONS

Effective **April 1, 2014**, **non-prescription products** will no longer be considered “qualifying medications” under the Medication Review Services policy.

Non-prescription products, whether or not they are covered by PharmaCare, include, but are not limited to: over-the-counter medications (OTCs); vitamins and nutritional supplements; non-prescription vaccines (regardless of whether they are privately or publicly funded); non-prescription compounds and natural/homeopathic products. That is, only Schedule I drugs (prescription required), prescribed compounds, and insulin* will count as qualifying medications.

Changes such as these ensure that, within the finite resources available, medication review services are focused on the patients for whom the service will deliver the greatest benefit.

PharmaCare and the BC Pharmacy Association are working to refine the Medication Review Services policy, including patient eligibility criteria, with a view to improving patient outcomes. Further changes to the policy may be announced later this year.

Until March 31, the revised version of the Medication Review Services policy is available at www.health.gov.bc.ca/pharmacare/mrs-update.html. On and after April 1, 2014, the update will officially become part of the PharmaCare Policy Manual, [Section 8.9](#).

*If a patient takes multiple types of insulin, it will count as only one qualifying medication.

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.

EXPANDED COVERAGE OF INSULIN PUMPS



Effective **April 1, 2014**, PharmaCare is pleased to announce that insulin pump coverage, currently available for patients 18 years of age or younger, will be extended to patients **25 years of age or younger**.

There have been no other changes to the criteria.

Please also note that the Special Authority forms for initial and renewal coverage have now been amalgamated into a single form. Additionally, when submitting a Special Authority Request for an insulin pump, it is no longer necessary to submit a Patient/Family Agreement form.

As always, actual coverage is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement. Retroactive coverage cannot be provided for insulin pumps purchased before Special Authority approval is in place.

Resources

- Full criteria and Special Authority Request forms—www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/ip.html (new versions available as of April 1, 2014).
- Patient information sheet—www.health.gov.bc.ca/pharmacare/pdf/ip.pdf

FREQUENCY OF DISPENSING —INHALERS, NEBULIZERS AND NITROGLYCERIN SPRAYS

Certain inhalers, nebulizers and nitroglycerin sprays are excluded from the Frequency of Dispensing policy. These exclusions were specifically designed to allow the products to be claimed without negatively affecting the total number of drugs deemed “frequently dispensed.”

For instance, without the exclusion, if a patient was prescribed a 200-dose inhaler with a maximum daily dose of 8, the pharmacist would enter a days’ supply of 25. That amount would count toward the number of frequently dispensed drugs, even though it was not, in fact, being frequently dispensed. The exclusions were introduced to avoid this type of circumstance.

The exclusions are not intended to enable a pharmacy to give a patient a daily dose at the pharmacy and claim a dispensing fee each time. For instance, under the circumstance above, the pharmacy is permitted to claim only one dispensing fee when the inhaler is initially dispensed.

LOW COST ALTERNATIVE/REFERENCE DRUG PROGRAM—REMINDER

New Reimbursement in Effect April 1, 2014

As announced in [PharmaCare Newsletter 14-002](#), reimbursement changes for the Low Cost Alternative/ Reference Drug Program, Alzheimer’s Drug Therapy Initiative, and Pan-Canadian drugs take effect **April 1, 2014**.

Excel files detailing the reimbursement information are available at www.health.gov.bc.ca/pharmacare/lca/lcabooklets.html.

