



BC PharmaCare Newsletter

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LOW COST ALTERNATIVE/REFERENCE DRUG PROGRAM—REMINDER

As announced in [PharmaCare Newsletter 16-001](#), on **April 1, 2016**, changes to reimbursement limits for Low Cost Alternative/Reference Drug Program drugs will take effect. These include changes to maximum PharmaCare reimbursement for drugs in the:

- Low Cost Alternative (LCA) Program
- Reference Drug Program (RDP)
- Pan-Canadian Competitive Value Price Initiative for Generic Drugs

Please note that if a patient cannot take an LCA product or an RDP reference drug product, physicians can request [Special Authority](#) for full coverage of another drug.

For information on the drugs eligible for coverage as of April 1, 2016, see the “Upcoming LCA/RDP Data Files” at www.gov.bc.ca/pharmacarecostalternativeprogram

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.

REGISTRATION PROCESSING CHANGES FOR PLAN G—REMINDER

As noted in our [previous newsletter](#), changes to the process for entering a patient's coverage under PharmaCare Plan G (No-Charge Psychiatric Medication Plan) may result in slight delays in getting coverage in place.

Before referring a patient back to a physician or Mental Health Substance Use Centre, please contact the PharmaNet HelpDesk at Health Insurance BC regarding the patient's status. The patient may already be registered and the update to their PharmaNet information pending.

ELIGIBILITY FOR OSTOMY SUPPLIES

Please note that only patients who are ostomates—that is, patients who have had surgery on the bowel and/or bladder that resulted in a colostomy, ileostomy, or urostomy, requiring the application of an external pouch—are eligible for ostomy supplies under the PharmaCare Ostomy Program. PharmaCare does not cover ostomy supplies under any other circumstances.

Determining if a patient is eligible—To determine if a patient is an ostomate, check PharmaNet. Eligible patients normally have a history of purchasing supplies such as ostomy pouches and flanges. If no such purchases appear in the patient's PharmaNet record, this signals that the items are likely used for non-benefit reasons. In this case, follow up with the patient to confirm whether or not they are an ostomate.

If supplies such as ostomy pouches or flanges **are** recorded in PharmaNet, proceed with the claim.

More information—For a full list of ostomy benefits and non-benefits, please see [PharmaCare Ostomy Benefits](#).

CORRECT QUANTITIES FOR CLAIMS

A detailed [list of the correct quantities](#) to use when submitting claims to PharmaCare is available on the PharmaCare website. The list includes many commonly prescribed injectable medications and other products.

To request the addition of a specific product to this online list, please send an e-mail to pharma@gov.bc.ca

EXCHANGE RATE UPDATE FOR PROSTHETIC SUPPLIERS

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

New U.S. Exchange Rate \$1.3687*

*Based on the [Bank of Canada](#) rate at the close of business on

February 24, 2016

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	March 15, 2016		
DRUG NAME	Incruse™ Ellipta® (umeclidinium)		
INDICATION	Chronic Obstructive Pulmonary Disease (COPD)		
DIN	02423596	62.5 mcg dry powder for oral inhalation	
PLAN G BENEFIT?	N		
PLAN P BENEFIT?	N		

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
02432463	Lodalis™ (colesevelam hydrochloride) 3.75 g powder for oral suspension	N	N