BC PharmaCare Newsletter

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QuickLinks

PHARMACARE TRENDS 2011/12 NOW AVAILABLE

The latest edition of *PharmaCare Trends,* which provides information on the PharmaCare program to health researchers, government officials and the general public, is now available. Published annually by the B.C. Ministry of Health, this publication also includes information on updated policies affecting drug coverage in British Columbia.

Find this document and other PharmaCare publications at www.health.gov.bc.ca/pharmacare/publications.html.

DOES YOUR PATIENT HAVE QUESTIONS ABOUT THEIR LEVEL OF PHARMACARE COVERAGE?

When patients ask for information about their deductible and/or current level of coverage, including Special Authority coverage, please direct them to Health Insurance BC's Help Desk at **1-800-663-7100**. They will be asked several questions to verify their identity before information can be released.

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CLARIFICATION—COMPOUNDED PRESCRIPTIONS AND METHADONE

We have had some inquiries regarding claims in PharmaNet for compounded prescriptions and methadone.

Please note that, under the PharmaCare Compounded Prescriptions policy (Section 5.13), any compounded prescription that contains non-benefit ingredients is not covered by PharmaCare.

Example: Methadone (Methadose™) 10 mg/ml (DIN 02394596 and DIN 02394618) is currently under review for PharmaCare coverage and is therefore a non-benefit at this time. As a result, compounded methadone 1 mg/ml that uses methadone (Methadose™) 10 mg/ml oral concentrate solutions (DIN 02394596 and DIN 02394618) as a stock solution is **not** eligible for coverage.

FREQUENCY OF DISPENSING POLICY—FREQUENTLY ASKED QUESTIONS

We have received a number of inquiries following the refinements to PharmaCare's Frequency of Dispensing Policy announced in PharmaCare Newsletter 13-001 (January 24, 2013). We trust the following information will be helpful.

If a physician has ordered frequent dispensing in handwriting on the original prescription and the pharmacist then adapts the prescription by renewing it, is a *Frequent Dispensing Authorization* form required?

Yes. If the original prescription indicates 2-27 day dispensing and the pharmacist renews it, they must fill out the *Frequent Dispensing Authorization* form as they would for any other frequent dispensing prescription and indicate on the form by hand that it is a renewal. For any other kind of adaptation, such as dosage adjustment or therapeutic substitution, the form is not required.

If a physician has authorized frequent dispensing via a verbal prescription or faxed refill authorization, does the patient have to sign the Frequent Dispensing form?

Yes. If a physician initiates frequent dispensing, the prescription can be faxed to the pharmacy with the frequency indicated on the original prescription. If the pharmacy does not have a copy of the prescription, a *Frequent Dispensing Authorization* form is required and the patient declaration can be signed when the prescription is picked up.

Can pharmacy technicians fill out a Frequent Dispensing form for verbal prescriptions?

Yes. A pharmacy technician can fill out the form, but a pharmacist must initial and date the form in the appropriate field to indicate that they have reviewed the information.

Does PharmaCare accept a prescriber's computer-generated prescription (i.e., not handwritten) that authorizes frequent dispensing?

Yes. A physician's order for frequent dispensing on a computer-generated prescription is acceptable.

Will PharmaCare be updating the *Frequent Dispensing Authorization* form?

No. There are no plans to update the form. In cases of verbal or faxed prescriptions the rationale can be handwritten on the form.

CLARIFICATION—LOWER STRENGTH SUBSTITUTIONS

Substituting a lower strength for a higher strength product that PharmaCare does not cover

Further to the article in PharmaCare Newsletter 13-002 (February 28, 2013) regarding the discontinuation of certain Low Cost Alternative (LCA) categories, pharmacists can claim a fee for adaptation only when they are changing the dose, formulation or regimen of a prescription.

When substituting a lower strength for the higher strength product, if the total dose remains the same, the pharmacist is not changing the dose, formulation or regimen of a prescription. Therefore, the change is not eligible for a clinical services fee.

COMPOUNDED PRESCRIPTION PRODUCTS UPDATE

PharmaCare has updated its list of compounds that are eligible for coverage. The following products have been added:

Oral Suspensions	Ingredient Requires Special Authority	PIN
Corticosteroid + nystatin + diphenhydramine + tetracycline mouthrinse	Yes, except for Plan P	22123332
Corticosteroid + nystatin + diphenhydramine + tetracycline + lidocaine mouthrinse	Yes, except for Plan P	22123333
Corticosteroid + nystatin + diphenhydramine mouthrinse	Yes, except for Plan P	22123334
Corticosteroid + nystatin + lidocaine +/- glycerine	Yes, except for Plan P	22123335
Dermatologicals		**PIN**
Urea (only in combination with at least one prescription benefit ingredient)		22123337

For the complete list of Compounded Prescriptions Product Information Numbers, please visit www.health.gov.bc.ca/pharmacare/pins/pharmpins.html.

Please note: 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.

For more information on the compounded prescriptions policy, please see of Section 5.13 of the PharmaCare Policy Manual.

BENEFITS

Changes to Special Authority Coverage of Hepatitis B drugs

Effective February 14, 2013, the duration of Special Authority (SA) coverage for adefovir (Hepsera®), entecavir (Baraclude®), lamivudine (Heptovir®) and tenofovir (Viread®) changed from one year coverage with possibility of renewal to indefinite coverage.

Detailed criteria for these drugs are available on the PharmaCare website at:

- adefovir (Hepsera®) www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/adefovir.html
- entecavir (Baraclude®) www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/entecavir.html
- lamivudine (Heptovir®) www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/lamivudine.html
- tenofovir (Viread®) www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/tenofovir.html

Coverage is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Special Authority Coverage of Fingolimod (Gilenya®)

Effective May 16, 2013, fingolimod (Gilenya®) will be available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program. Fingolimod is to be prescribed as second-line monotherapy for the treatment of relapsing-remitting multiple sclerosis (RRMS), which is diagnosed according to the current clinical criteria and magnetic resonance imaging (MRI) evidence. Detailed criteria are available on the PharmaCare website at: www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/fingolimod.html.

Coverage of fingolimod is subject to the rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Special Authority Coverage of Olanzapine (Zyprexa® and generics, and Zyprexa Zydis®)

Effective March 14, 2013, the Limited Coverage criteria for olanzapine (Zyprexa® and generics) 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg and 20 mg tablets, and olanzapine (Zyprexa Zydis®) 5 mg, 10 mg, 15 mg and 20 mg orally disintegrating tablets were modified to include treatment of bipolar I disorder. Detailed criteria are available on the PharmaCare website at: www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/olanzapine.html.

Coverage is subject to the usual rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before Special Authority approval is in place.

Special Authority Coverage Changes to Rituximab (Rituxan®)

Effective May 16, 2013, Special Authority Coverage for rituximab (Rituxan®), which is available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program, has changed. Until recently, rituximab was covered for the treatment of severely active Rheumatoid Arthritis (RA). Now, coverage of rituximab will also include the induction of remission in severely active Granulomatosis with Polyangiitis (GPA) or Microscopic Polyangiitis (MPA). Detailed criteria are available on the PharmaCare website at: www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/rituximab.html.

Coverage of rituximab is subject to the rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

Continued…

Special Authority Coverage of Rivaroxaban (Xarelto®) for deep vein thrombosis (DVT) treatment

Effective May 16, 2013, a new indication of rivaroxaban became available as a Limited Coverage benefit through PharmaCare's Special Authority (SA) program. SA approval may be requested for coverage of rivaroxaban for deep vein thrombosis (DVT) treatment without symptomatic pulmonary embolism, for up to 6 months. Detailed criteria are available on the PharmaCare website at: www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/rivaroxaban-dvt.html.

Coverage of rivaroxaban for DVT treatment is subject to the rules of a patient's BC PharmaCare plan, including any deductible requirement. Retroactive coverage cannot be provided for prescriptions filled before SA approval is in place.

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
02365480	fingolimod (Gilenya®) 0.5 mg capsules	N	N

The Special Authority criteria for the following product have been modified. For the revised Special Authority criteria, please visit www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/botulinum-with-complex.html.

DIN	DRUG NAME	PLAN G	PLAN P
01981501	onabotulinumtoxinA (Botox®) 100 unit vial	N	N

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

DIN	DRUG NAME	PLAN G	PLAN P
02241927	rituximab (Rituxan®) 10 mg/ml solution for intravenous infusion	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/rivaroxaban-dvt.html.

DIN	DRUG NAME	PLAN G	PLAN P
02378604	rivaroxaban (Xarelto®) 15 mg tablet	N	N
02378612	rivaroxaban (Xarelto®) 20 mg tablet	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/tocilizumab.html.

DIN	DRUG NAME	PLAN G	PLAN P
02350092	tocilizumab (Actemra®) 20 mg/mL, 80 mg solution for intravenous infusion vials	N	N
02350106	tocilizumab (Actemra®) 20 mg/mL, 200 mg solution for intravenous infusion vials	N	N
02350114	tocilizumab (Actemra®) 20 mg/mL, 400 mg solution for intravenous infusion vials	N	N

Non-Benefits

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

DIN	DRUG NAME
02391449	escitalopram (Cipralex® Meltz) 10 mg orodispersible tablets
02391457	escitalopram (Cipralex® Meltz) 20 mg orodispersible tablets