



BC PharmaCare Newsletter

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2015/16 PROVINCIAL INFLUENZA CAMPAIGN

Pharmacists are invited to participate in the 2015/16 Provincial Influenza Campaign. Pharmacists authorized to administer immunizations will receive \$10 for each publicly funded vaccine administered by injection to an eligible B.C. resident.

Before you offer influenza vaccine and services for private purchase, you should screen the patient. If they are eligible, offer them publicly funded influenza vaccine. If an eligible B.C. resident asks for publicly funded influenza vaccine and you are unable to fulfill their request, you must inform the patient where publicly funded vaccine services may also be available.

The publicly funded vaccines available to pharmacists this year are:

PIN	Vaccine
66124873	AGRIFLU® (Novartis)
66124872	FLUAD®(Novartis)
66124765	FLUVIRAL® (GSK)
66128073	Fluzone Quadrivalent® (Sanofi Pasteur)

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.

2015/16 PROVINCIAL INFLUENZA CAMPAIGN CONT'D...

Other Vaccines

For links to the full list of vaccines now available to pharmacists, please see our [Vaccine Resources for Pharmacists](#) web page.

The page includes [Product Identification Numbers \(PINs\)](#) for claims submissions, links the BC Centre for Disease Control Immunization Manual, a quick guide to the access criteria for each vaccine, an overview of the Adverse Event Following Immunization (AEFI) reporting process and more.

PROSTHETIC/ORTHOTIC PROGRAM

Applications for Financial Assistance for 2015 Benefit Year

For patients to receive coverage under the PharmaCare Prosthetic and Orthotic Program, prosthetic and orthotic health care providers must obtain **pre-approval**, on behalf of their patient, for any claim of \$400 or more.

To facilitate the pre-approval process and allow sufficient time for you to make and dispense the device before the end of the 2015 benefit year, PharmaCare requests that all applications be received before **November 13, 2015**.

Application forms are available on the PharmaCare website on the [Forms for Medical Device Providers](#) page. Please fax completed applications to HIBC at **250-405-3590**.

Submitting applications as soon as possible is particularly important for 2015 claims as, due to holidays, **there will be no Prosthetic & Orthotic Committee meeting on December 25, 2015, or January 1, 2016**.

Important Information for Your Patients

Patients who do not receive approval in time to be covered in 2015—or who do not receive their products before December 31, 2015—may be interested in the **Monthly Deductible Payment Option** for 2016. See page 3 for more details.

This option allows a person (or family) who expects to meet or exceed their annual Fair PharmaCare deductible to pay part of their deductible cost each month and get help with their prescription/medical supply costs early in the year.

Note: All families who need Fair PharmaCare Plan coverage must register before their claim is processed. Claims submitted before a patient has active Fair PharmaCare coverage cannot be covered. The patient, or patient's private insurer, will have to pay the full cost without assistance from PharmaCare.

Ostomy Coverage

PharmaCare's Ostomy Program covers certain [eligible ostomy supplies](#) for **patients who have undergone surgery** on the bowel and/or bladder that results in a colostomy, ileostomy or urostomy, requiring the application of an external pouch. For **patients who have not undergone these surgeries**, these supplies are **not** a PharmaCare benefit. Coverage is subject to the rules of the patient's primary PharmaCare plan, including any annual deductible and co-payment requirements.

Please be aware that regardless of whether a patient has had the above surgery, some ostomy products may not be eligible benefits. The [PharmaCare Ostomy Benefits](#) webpage also provides details of products that are non-benefits.

Examples of non-benefits include:

- Catheters and any supplies used for catheter management
- Various types of tapes, skin care wipes and skin protectors including all tapes except paper tape.
- Incontinence supplies, including items such as incontinence pads and TENA under-garment systems.

PROSTHETIC/ORTHOTIC PROGRAM CONT'D...

IMPORTANT: PharmaCare regularly reviews ostomy claims against the Ostomy Program requirements to ensure that the payments are for eligible benefits. Providers should ensure that they know the intended use for the supplies before submitting a claim. Ineligible claims will be recovered from the provider.

Note: Ostomy supplies for patients living in a licensed residential care facility should not be billed through Fair PharmaCare or paid for by the patient. Eligible ostomy supplies for residents of licensed residential care facilities should be billed under the respective PharmaCare Plan B facility number. If the facility is not a PharmaCare Plan B facility, the costs are the responsibility of the facility and/or appropriate health authority.

Recording Quantities—Reminder

Please ensure that you are recording the number of individual grams, pouches or flanges being provided rather than the number of tubes or boxes.

Exchange Rate Update

New U.S. Exchange Rate **\$1.3169***

*Based on the [Bank of Canada](#) rate at the close of business ON August 21, 2015.

The price list for prosthetic components is adjusted, as needed, based on the U.S. Exchange Rate published by the Bank of Canada.

Rates are reviewed regularly and adjusted whenever the rate changes by more than five cents and remains at a variance of five cents or more for at least five working days.

MONTHLY DEDUCTIBLE PAYMENT OPTION

Do you have patients who are worried about paying for their prescriptions or medical supplies until they meet their deductible?

The Monthly Deductible Payment Option (MDPO) can ease the financial burden early in the year. Families who enrol in the MDPO pay their Fair PharmaCare deductible in monthly instalments and receive assistance with their eligible prescription or medical supply costs right away.

The option is designed to assist individuals or families who:

- are registered for Fair PharmaCare,
- do not have private health insurance with a drug benefit plan,
- have a deductible greater than \$0, and
- expect their annual prescription or medical supply costs to meet or exceed their Fair PharmaCare deductible.

PharmaCare is now accepting enrolments for the MDPO for 2016. Enrolling at, or before, the start of the calendar year offers eligible individuals and families the smallest monthly instalment payment.

Each fall, letters are sent to those who enrolled for the current year advising them that enrolment for the following year is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

For more information, patients can visit [Increased Assistance and Payment Options](#) on our PharmaCare website or contact Health Insurance BC.

REMINDERS FOR PHARMACIES

Submitting Claims for Blood Glucose Test Strips

The list of blood glucose test strips eligible for PharmaCare coverage changes on a regular basis. Before submitting a claim, please refer to the PharmaCare webpage for the most recent list of test strips that PharmaCare covers and their associated [Product Identification Numbers \(PINs\)](#).

- **When submitting a claim for strips within the patient’s annual limit**, use the PIN indicated on the list as the “Within Annual Limit PIN.”

If the claim adjudication results indicate that the patient has exceeded their annual limit, assume the patient has Special Authority coverage for an additional 100 strips.

- **When submitting a claim for additional strips (above the patient’s annual limit)**, use the PIN indicated on the list as the “Above Annual Limit” PIN.

If the claim adjudication results indicate that the patient does not have Special Authority coverage for additional strips, advise them of the need to see their doctor or visit a Diabetes Education Centre.

- **If the patient is picking up both diabetes drugs and strips**, the drug claim should be entered **first** so that the patient is in the correct category for BGTS.



Visit the PharmaCare website for more information on the [quantity limits for the blood glucose test strips](#).

Batch Claims and use of MX and MY intervention codes—Reminder

Pharmacies are reminded that the PharmaCare policy states that “The Provider shall abide by conditions established by PharmaCare in respect of connection to and use of PharmaNet, including, but not limited to, PharmaNet Professional and Software Conformance Standards,” and that the standards for batch transactions and MX or MY intervention code use are as follows:

Batch Transactions

Batch transactions must be submitted only for the following reasons:

- dispensing to Plan B patients in a residential care facility, or
- recovering from a “Network Down” situation.

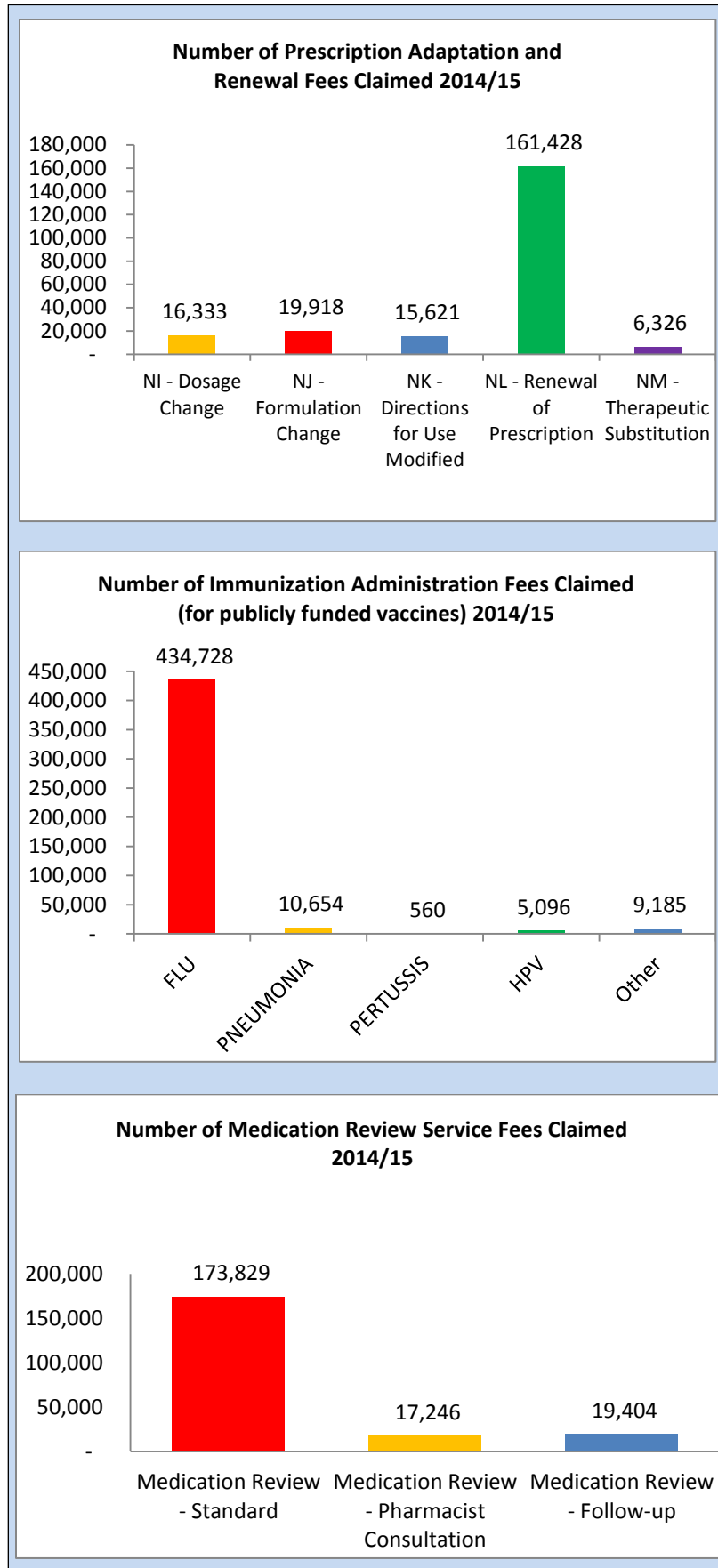
MX and MY Intervention Codes

The MX (Long Term Care PRN Order) and MY (Long Term Care Rx Split for Compliance) intervention codes must be used **only** for Plan B claims.

Note: Usage of MX and MY intervention codes is subject to PharmaCare Audit.

CLINICAL SERVICES FEES 2014/15

The following charts show the number of BC clinical services claimed by pharmacists in fiscal year 2014/15.



BENEFITS

Special Authority Coverage Updates

Effective October 13, 2015, PharmaCare coverage for buprenorphine-naloxone (Suboxone, Mylan-buprenorphine/naloxone and Teva-buprenorphine/naloxone) will be changed from a Limited Coverage drug (requiring Special Authority approval) to **Regular Benefit** status when used for substitution treatment in opioid drug dependence in adults. Collaborative Prescribing Agreements for buprenorphine-naloxone will no longer be in effect.

Effective immediately, the following are regular PharmaCare benefits, for Fair PharmaCare and Plans B, C, and, if indicated below, Plan G and for Plan P.

DIN	DRUG NAME	PLAN G	PLAN P
02295695	Suboxone® (buprenorphine-naloxone) 2 mg/0.5 mg tablet	N	Y
02408090	Mylan-Buprenorphine/Naloxone (buprenorphine-naloxone) 2 mg/0.5 mg tablet	N	Y
02424851	TEVA-Buprenorphine/Naloxone (buprenorphine-naloxone) 2 mg/0.5 mg tablet	N	Y
02295709	Suboxone® (buprenorphine-naloxone) 8 mg/2 mg tablet	N	Y
02408104	Mylan-Buprenorphine/Naloxone (buprenorphine-naloxone) 8 mg/2 mg tablet	N	Y
02424878	TEVA-Buprenorphine/Naloxone (buprenorphine-naloxone) 8 mg/2 mg tablet	N	Y

Non-Benefits

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

DIN	DRUG NAME
02432889	azelastine hydrochloride and fluticasone propionate (Dymista®) 137 mcg/50 mcg suspension for nasal spray
02427184	elosulfase alfa (Vimizim™) 5 mg/5 mL solution for intravenous infusion
02413299	pasireotide (Signifor®) 0.3 mg/mL ampoules
02413302	pasireotide (Signifor®) 0.6 mg/mL ampoules
02413310	pasireotide (Signifor®) 0.9 mg/mL ampoules