



# BC PharmaCare Newsletter

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## PHARMACARE TRENDS

The [PharmaCare Trends Report 2015-16](#) is now available. This report highlights our progress in delivering an effective, balanced and responsive PharmaCare program.

The Trends report provides information on:

- PharmaCare plans
- PharmaCare history
- expenditures by plan and by drug
- top ten drugs
- demographic data
- other PharmaCare statistics for the 2015-16 fiscal year.



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.

## FIRST NATIONS HEALTH BENEFITS (PLAN W) UPDATES

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### Plan W Formulary

Plan W benefit information, including over-the-counter (OTC) benefits, is now available through the [PharmaCare Formulary Search](#) and the automatically generated [Downloadable Drug File](#). The temporary downloadable drug file created to provide Plan W benefit information prior to October 1, 2017, has been removed from the PharmaCare website.

Please be aware that some OTC products (primarily vitamins and mineral supplements) are incorrectly marked as discontinued by First Data Bank, which supplies drug information to PharmaCare, and do not, therefore, appear in the Formulary Search. Nevertheless, claims for these products will adjudicate correctly in PharmaNet.

### Plan W Over-the-Counter Items

For your convenience, please see the:

- newly created list of [Plan W OTC Drug Benefits \(PDF\)](#)
- list of [Plan W OTC Non-Drug benefits](#).

In the event of a discrepancy between the published list of OTC benefits and PharmaNet, the data in PharmaNet will be assumed to be correct.

### Important Reminder about PINs

When submitting a claim for a Plan W client, be sure to use the DIN or, where required, the PharmaCare-assigned PIN. **Please do not use Non-Insured Health Benefits (NIHB) PINs for PharmaCare claims.**

### Special Authority

If, between July 25 and October 1, 2017, a Plan W client began therapy with—or was issued a prescription for—a drug that requires PharmaCare Special Authority (SA) approval, an SA may not yet have been entered in PharmaNet. In these cases, advise the patient to call the FNHA at 1-855-550-5454.

If a patient's prescription was first written after October 1, 2017, the patient's prescriber needs to submit an SA request to PharmaCare.

### Out-of-Province Claims

The [First Nations Health Benefits Plan Out-of-Province Claim \(HLTH 5480\)](#) is now available.

## REMINDER: SLOW RELEASE ORAL MORPHINE FOR OPIOID AGONIST TREATMENT

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On June 5, 2017, PharmaCare began covering Kadian® slow-release oral morphine for Opioid Agonist Treatment (OAT). Kadian is recommended in the provincial [Guideline for the Clinical Management of Opioid Use Disorder](#) as an alternative OAT for patients who have not benefited from first-line treatment options.

**To ensure patient safety through accurate medication profiles, it is important that any prescription for Kadian for OAT specify that indication on the prescription** (i.e., the prescriber must write “for OAT” or “for opioid agonist treatment” on the prescription). If you suspect a prescription is for OAT, but the prescriber has not indicated this on the prescription (for instance, if the dose is inappropriate for analgesia, the directions are to “open and sprinkle” capsules for daily witnessed ingestion, or other elements of the prescription match OAT use), contact the prescriber to confirm the intended indication and then properly document any alteration of the prescription.

When submitting a claim for Kadian for OAT, use the appropriate [Product Identification Number \(PIN\)](#). Drug Identification Numbers (DINs) should be used ONLY for claims for analgesia.

Any claim submitted to PharmaCare must match the prescription written by the prescriber. If you inadvertently enter a claim marked “for OAT” under the DIN rather than the PIN, reverse the claim and re-enter it with the appropriate PIN. For information on reversing claims, see the [PharmaCare Policy Manual, Section 3.16](#).

## PROSTHETICS AND ORTHOTICS UPDATES

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### Applications for Financial Assistance for 2017 Benefit Year

Under the PharmaCare Prosthetic and Orthotic Program, prosthetic and orthotic providers must obtain pre-approval on behalf of their patients for any claim of \$400 or more.

To allow PharmaCare enough time to respond to each application and enable providers to make and dispense approved devices before the end of year, PharmaCare recommends you submit applications for prosthetic and orthotic pre-approvals before November 10, 2017. A large volume of applications are processed at this time, so PharmaCare cannot guarantee its response time to applications received after November 10, 2017. Providers submitting applications after that date may not have time to create and dispense devices by December 31, 2017.

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

Submitting applications as soon as possible is particularly important for 2017 claims as, due to holidays, there will be no Prosthetic and Orthotic Committee meeting on December 28, 2017.

### Important Information for Your Patients

Patients who do not receive approval in time to be covered in 2017—or who do not receive their products before December 31, 2017—may be interested in the Monthly Deductible Payment Option for 2018.

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 are not eligible for reimbursement. The patient, or patient’s private insurer, would have to pay the full cost without assistance from PharmaCare.

## REMINDER: OSTOMY BENEFITS

PharmaCare covers ostomy supplies only for ostomy patients (ostomates). PharmaCare recovers amounts claimed for ostomy supplies for patients who are not ostomates.

## PATIENT SAFETY: RECORDING ADVERSE DRUG REACTION AND ALLERGY INFORMATION IN PHARMANET

Whenever you are made aware that a patient has had an adverse drug reaction that would affect their future medical care (including allergies to prescription drugs, non-prescription medications, or natural health products), you must update their medication profile on both your local system *and PharmaNet*.

Your pharmacy software may not automatically update a patient's profile on PharmaNet. Please contact your vendor to determine if your software requires you to manually trigger the upload to PharmaNet.

### Entering Adverse Drug Reactions

To enter an adverse drug reaction:

1. Use the **Patient Profile Information Update–TPI** function.
2. Enter the required information in the **Add Adverse Drug Reaction** screen, as described below:

Field Name	Mandatory?	Information details
<b>DIN</b>	Yes	Drug DIN, PIN, or NPN (Natural Health Product Number)—see information below to determine the correct information to enter.
<b>Drug name</b>	Maybe	Drug's generic name. Some software requires you to enter the drug's generic name, while other software auto-completes the drug name when you enter the DIN.
<b>Reported by</b>	Yes	Person who reported the reaction to you: patient (or a family member), pharmacist, physician, Drug and Poison Information Centre
<b>Date reported</b>	Yes	Date on which the adverse reaction was reported to you
<b>Comments</b>	No	Details about the adverse reaction or allergy (maximum length that can be uploaded to PharmaNet is 80 characters)
<b>Practitioner ID reference code</b>	Yes, if comments are included	Your information as the health care provider entering the information
<b>Practitioner ID</b>	Yes, if comments are included	Your information as the health care provider entering the information
<b>Date entered</b>	Yes, if comments are included	Date on which the adverse reaction was entered into PharmaNet. Your software may not display this field if it automatically fills in the date.

### Entering product identifiers

#### For non-prescription or natural health products

Certain non-prescription and natural health products do not have a DIN; PharmaCare assigns a PIN to such products.

To decide which identifier to use:

- If a DIN exists for a product, enter it.
- If there is no DIN, enter the product's unique PIN.
- If there is no unique PIN for a product, enter the [appropriate Miscellaneous PIN](#) and provide product details in the **Comments** field.

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### ***For compounded products***

When a patient has an adverse reaction to a product compounded with multiple ingredients that have DINs, create an adverse reaction record for each DIN in the product, unless the patient knows the particular ingredient to which they are allergic.

3. After recording the reaction in your local system, follow your software's procedures for uploading the entry to PharmaNet.

## **Entering General Allergy Information**

When someone reports an allergy that is not specific to a particular product, enter the information in the **Clinical Conditions** screen of the Patient Profile Information Update—TPI function.

## **Removing Adverse Drug Reaction Information from PharmaNet**

If you or a patient identify inappropriate or incorrect information in the adverse drug reaction field, submit a [Request to Inactivate Adverse Reaction/Clinical Condition on PharmaNet Profile \(HLTH 5550\)](#).

## **FREQUENCY OF DISPENSING—UPCOMING AUDIT AND CHANGES TO PHARMANET FOR 2–3 DAY DISPENSING**

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Under the Frequency of Dispensing policy, for 2–27 day dispensing, PharmaCare covers 1 dispensing fee per patient, per drug (DIN), per authorized supply, to a maximum of 5 fees per patient per authorized supply. For claims with a 2 or 3 day supply, once 5 fees have been claimed a pharmacist must manually prevent a dispensing fee from being claimed on subsequent claims.

### **About the Audit**

In December 2016, PharmaCare Audit sent recovery letters to a number of pharmacies who had received payment for dispensing fees in excess of the maximum number of fees PharmaCare allows for patients receiving 2 and 3 day supplies.

PharmaCare Audit will conduct further audits to recover dispensing fees in excess of the limit.

### **Upcoming PharmaNet Changes to Assist with Frequent Dispensing**

PharmaCare is making a change to PharmaNet so that pharmacists will no longer need to track the number of fees claimed for dispensing 2–3 day supplies.

PharmaNet cannot currently track the number of dispensing fees or automatically disallow fees above the maximum allowed for dispensing 2–3 day supplies. This is because a 3-day tolerance was implemented in the past to allow, for example, patients on weekly dispensing to fill their prescriptions early without the pharmacist needing to enter an intervention code (for instance, if a patient receiving weekly dispensing on a Monday needed to fill the prescriptions on a Friday before a long weekend).

Effective **November 2, 2017**, the 3-day tolerance will be changed to a 1-day tolerance.

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**IMPORTANT:** This means that, for example, if a patient on weekly dispensing needs to receive their compliance package more than 1 day in advance, you will need to enter the intervention code **DQ—Professional fee is appropriate** to ensure payment of the dispensing fee. The maximum of five dispensing fees per authorized supply still applies; therefore, in this scenario, **the intervention code must only be used up to the first five claims.**

Please note that use of the DQ intervention code must be documented with details regarding the reason for its use and the documentation must be accessible for audit. Use of the DQ intervention code is monitored and is subject to audit.

## BENEFITS

### 2017–18 Influenza Vaccination Campaign

Pharmacists are invited to participate in the 2017–18 Provincial Influenza Campaign. Pharmacists authorized to administer immunizations will receive \$10 for each publicly funded influenza vaccine administered by injection to an eligible B.C. resident between September 1, 2017, and June 1, 2018.

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 should inform the patient where publicly funded vaccine services may be available.



The publicly funded seasonal vaccines available to pharmacists this year are:

PIN	VACCINE
66124873	AGRIFLU®
66128073	FLUZONE QUADRIVALENT®
66124765	FLUVIRAL®
66128005	FLULAVAL™ TETRA
66128074	FLUMIST® QUADRIVALENT*

\* PharmaCare does not pay an administration fee for Flumist. Only vaccines administered by injection qualify for the administration fee.

### Publicly Funded Vaccines

The following vaccine has been added to the list of publicly funded vaccines:

PIN	VACCINE
66124795	VAQTA® PEDIATRIC/ADOLESCENT (RX INJ)

For a full list of publicly funded vaccines available to pharmacists, and other useful information for pharmacists, please see our [Vaccine Resources for Pharmacists](#).