BC PharmaCare Newsletter

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PHARMACARE AUDIT OF FREQUENCY OF DISPENSING POLICY

Claims that do not meet the Frequency of Dispensing Policy criteria are subject to recovery. Recent audits for the policy resulted in several recoveries. Of the pharmacies audited, 93.3% were not complying with the policy.

As a result, PharmaCare would like to reiterate and clarify certain aspects of the policy. Additionally, to ensure the spirit of the policy is fully implemented, PharmaCare is introducing refinements to current policy. In the table below:

- **existing policy** is in plain text
- **policy clarifications** are in ***bold italics***
- **policy refinements** are in **bold red**.

Policy refinements are effective November 1, 2012.

Audit found problems including:

PROBLEM IDENTIFIED	EXISTING POLICY / REFINEMENT OF POLICY
AUTHORIZATION FORMS FOR 2 TO 27-DAY FREQUENCY	
Failure to properly complete/retain Frequent Dispensing (FD) Authorization forms	Pharmacies must fully complete Frequent Dispensing Authorization forms including: • the clinical criteria that support more frequent dispensing • signature of the patient or the patient's representative • pharmacist declaration signed and dated Pharmacies must retain FD Authorization forms on file in accordance with College of Pharmacist of BC policies.
FD Authorization forms specifying multiple dispensing frequencies	Each form must specify only one frequency of dispensing (weekly, bi-weekly or other). If a patient has medications dispensed on two different frequencies, a separate form is required for each group of medications.
Failure to complete and retain forms for each prescribing physician	Pharmacies must notify the physician who prescribed the drug being dispensed. If the patient has multiple physicians, ***complete one FD Authorization form for each prescriber and notify each prescriber separately by faxing the form to them.*** If a patient is receiving medications on more than one dispensing frequency, a separate form must also be used for each frequency. For each claim billed to PharmaCare, the prescriber name in PharmaNet must agree with the prescriber name on the FD Authorization form. Forms completed after the pharmacy has been notified of an onsite audit cannot be accepted.
FD Authorization forms not renewed annually	The FD Authorization form for each patient must be renewed each year, on or before the date the patient signed the original form.
FD Authorization forms not completed for prescription transfers	**When a prescription is transferred from one pharmacy to another pharmacy, the receiving pharmacy is responsible for completing a new FD Authorization form and faxing it to the prescriber(s).**
Pharmacies using FD forms they created themselves	***Only*** PharmaCare form HLTH 5378 can be used to document frequent dispensing. Download the form (Frequent Dispensing Authorization HLTH 5378) or request a printed supply through the PharmaNet HelpDesk. PharmaCare Audit cannot accept pharmacy computer-generated refill authorizations listing the reduced quantities of prescription medication.
FD Authorization forms completed and/or signed after an audit	FD Authorization forms must be on file with the pharmacy at the time of audit. Forms obtained after that time cannot be accepted.

PROBLEM IDENTIFIED	EXISTING POLICY / REFINEMENT OF POLICY
No fax verification on file	**Pharmacies must retain their fax verification/confirmation form along with the FD Authorization form. PharmaCare Audit cannot accept forms that have been mailed or hand-delivered to the physician's office. PharmaCare cannot accept fax reports listing multiple faxes.**
Daily dispensing undertaken without an annotated prescription from the physician	The FD Authorization form cannot be used to justify daily dispensing. To qualify for fees, daily dispensing must be authorized by having the physician write ***"Dispense Daily/Daily Dispensing" in full*** on the prescription.
Physician request for 2 to 27-day dispensing not noted on the original prescriptions	If there is no FD Authorization form on file, the original prescription must bear the physician's order for frequent dispensing **(e.g., "Blister Packs/Packing," "Weekly Dispensing," "Compliance Packaging")**.
OTHER PROBLEMS	
Prescriptions divided between two or more pharmacies in order to circumvent the maximum number of fees covered under the policy	Fee limits are per pharmacy. That is, if a patient fills prescriptions at more than one pharmacy on the same day, each pharmacy can claim the maximum number of fees allowed under the policy. However, dividing patient claims between two or more pharmacies in order to circumvent the maximum number of fees covered under the Frequency of Dispensing Policy is not permitted and is subject to audit by the Ministry of Health.
Patients who ceased receiving 2 to 27-day dispensing being put back on 2 to 27-day dispensing without appropriate documentation	***If a patient ceased receiving frequent dispensing and now requires frequent dispensing again, pharmacists must treat it as a new request. That is, they must have a prescription from the physician requesting frequent dispensing or complete an FD Authorization form and fax it to the prescriber, retaining proof of fax on file.***
Dispensing fees being claimed for travel supplies issued in weekly blister packs	***Pharmacies cannot bill PharmaCare weekly for a travel supply issued on a single date. For instance, if a patient requires three weeks of compliance-packaged medications, but the full three weeks' supply is dispensed at the same time, the pharmacy would not be permitted to claim a fee for the second and third week.***
Original prescription requesting daily dispensing is dated more than 60 days earlier than the dispensing date.	PharmaCare covers a dispensing fee only if the date of the original prescription is no more than 60 days earlier than the dispensing date. If a prescription is dated more than 60 days earlier than the dispensing date, the prescriber must re-authorize daily dispensing in handwriting on a new prescription.
Original prescription bears only the annotation "DD"	***PharmaCare Audit can accept prescriber authorizations only in the form of a prescriber's handwritten note "daily dispensing" ("DD" cannot be accepted).***
Physician's order for daily dispensing changed to every second day	***After a patient has reached the maximum number of daily dispensing fees, pharmacies cannot change physician-ordered daily dispensing to every-second-day dispensing, or any other dispensing frequency, for the purposes of obtaining extra dispensing fees.***
Patients maintained on daily dispensing after the original prescription has expired	The prescriber must re-authorize daily dispensing in handwriting on a new prescription for a renewal.

For full information on the Frequency of Dispensing Policy, see Section 8.3 of the PharmaCare Policy Manual.

For copies of the Frequent Dispensing Authorization Form, visit www.health.gov.bc.ca/exforms/pharmacare/5378fil.pdf or call the PharmaNet HelpDesk to request a printed supply.

Other PharmaCare Audit Issues

Verbal prescriptions

- Verbal prescriptions cannot be accepted after an audit.

Travel Supply Policy Reminders

- PharmaCare covers travel supplies only up to the PharmaCare maximum days' supply for the drug. Fills under the Travel Supply Policy are limited to a "top-up" of the patient's remaining supply of the drug to the maximum days' supply recognized by PharmaCare for that drug.
- To qualify for coverage, patients must complete and sign a **Travel Declaration form** on the date the travel supply is dispensed. The pharmacy must then retain the completed Travel Declaration forms on file for audit purposes. Forms cannot be completed after an audit has begun.
- Travel Declaration forms can be ordered from the PharmaNet HelpDesk.

Diabetic Supplies Reminders

- Current PharmaCare policy does not require pharmacists to have a prescription in order to submit claims for most diabetic supplies (e.g., Blood Glucose Test Strips). When entering claims for diabetic supplies, if the pharmacy does **not** have a prescription, the pharmacist must enter **their own pharmacist College ID** in place of the prescriber's College ID.
- If a claim has not been directly authorized by a physician, but a physician's college ID has been entered in PharmaNet, the claim is subject to recovery.

Drug Product Substitutions

- Pharmacies must demonstrate that they have purchased sufficient volume of a product to support the claims they have submitted. If pharmacy invoices do not show the purchase of sufficient product volume to cover the claims made to PharmaCare, PharmaCare will recover ingredient costs paid.
- For this reason, it is important to use the correct DIN when entering a claim. For example, if a patient has been switched from Novo-Quetiapine 100mg (DIN 2284243) to Sandoz-Quetiapine 100mg (DIN 2314002), be sure to submit the claim using the Sandoz-Quetiapine DIN. This ensures your purchase invoices for the product will support the volume needed to support the claim. It also ensures the patient's medication history is completely accurate.
- For PharmaCare purposes, pharmacies must also ensure that changes to the product originally prescribed are properly documented and cross-referenced to the original prescription.

INJECTABLE VITAMIN K—NOW AVAILABLE

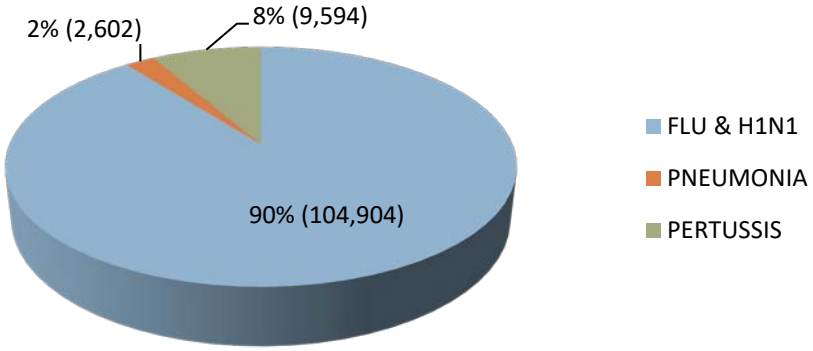
Recently, community pharmacies were unable to access Vitamin K for injection (manufactured by Sandoz and distributed by Baxter). As of August 17, 2012, Baxter Canada confirmed that injectable Vitamin K is once again available through regular distribution channels. Community pharmacies should place their orders through their regular distributors and wholesalers as usual.

We appreciate your patience in this matter. Please direct questions or reports of problems to your local Baxter representative, or Baxter Customer Service at 1-888-719-9955.

PHARMACY SERVICES STATISTICS

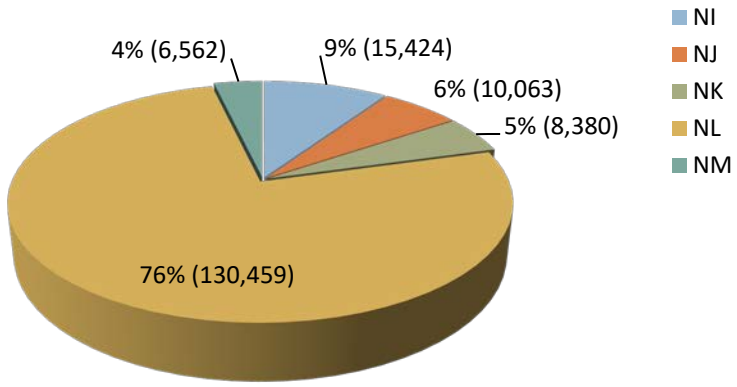
(Source - PharmaNet July 26, 2012)

Immunization Administration Fees Claimed (for publicly funded vaccines) Fiscal Year 2011/12*

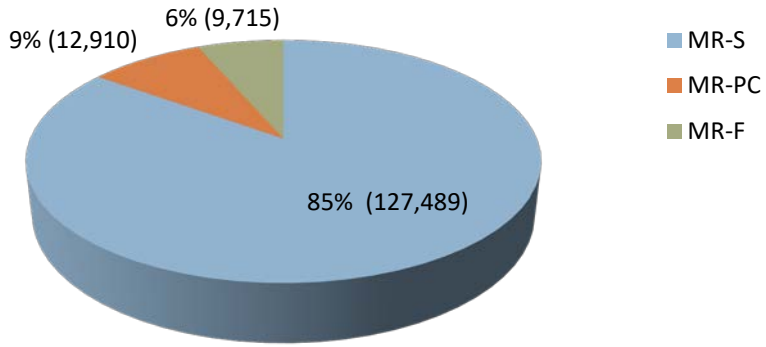


*Pharmacists in two health authorities were engaged in pertussis outbreak management initiatives that began in February 2012 (Fraser Health) and March 2012 (Vancouver Coastal Health).

Prescription Adaptation Fees Claimed Fiscal Year 2011/12



Medication Review Service Fees Claimed Fiscal Year 2011/12



MEDICATION REVIEW CLAIMS SUBMISSION—IMPORTANT REMINDER

To be eligible for payment of a medication review claim, pharmacies must include their pharmacy's 10-digit phone number within the first **20 characters** of the SIG field. This requirement has been in place since December 1, 2011.

Please note that the payment process automatically rejects any claim that does not include the entire 10-digit phone number within the first 20 characters.

For more information on Medication Review Services claims procedures, please see the PharmaCare Policy Manual, Section 8.9.

MONTHLY DEDUCTIBLE PAYMENT OPTION

Do you have patients who are worried about paying for their prescriptions before meeting 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 installments and receive assistance with their eligible prescription 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 costs to meet or exceed their Fair PharmaCare deductible.

After the last business day of September, patients can no longer enrol in the Monthly Deductible Payment Option for the current year.

PharmaCare will soon be accepting enrolments for the MDPO for 2013. Enrolling at, or before, the start of the calendar year offers eligible individuals and families the smallest monthly payment.

In the fall, letters will be sent to those who enrolled for 2012 advising them that enrolment for 2013 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

For more information, patients can visit www.health.gov.bc.ca/pharmacare or contact Health Insurance BC.

BENEFITS

Ticagrelor (Brilinta®) Coverage and Update on Clopidogrel (Plavix®) Coverage

Effective **September 13, 2012**, PharmaCare covers ticagrelor as a Limited Coverage benefit for patients with acute coronary syndrome and has updated the coverage of clopidogrel.

Collaborative Prescribing Agreements

PharmaCare has invited cardiologists to enter into a Collaborative Prescribing Agreement (CPA) to prescribe ticagrelor and clopidogrel. As described in earlier newsletters, the CPA is a process whereby selected prescribers have exemptions from completing Special Authority request forms for some Limited Coverage drugs. These prescribers will indicate on the prescription to opt out of PharmaCare coverage for patients who do not meet criteria. **To ensure uninterrupted coverage for patients, cardiologists who sign a CPA must write prescriptions for ticagrelor or clopidogrel for the full intended duration of therapy (e.g., up to 12 months).** Prescriptions written by others who have not entered in to a CPA will not be covered automatically.

Ticagrelor (Brilinta®) and Clopidogrel (Plavix®) Coverage cont'd...

If a patient does not meet CPA criteria, the physician is required to:

- Apply for exceptional case-by-case PharmaCare coverage by submitting a General Special Authority Request with full documentation; **OR**
- Write on the prescription "Submit as zero cost to PharmaCare" or "PharmaCare pays zero."

PHARMACISTS: Whenever you see "Submit as zero cost to PharmaCare" on a prescription, you **must** submit the claim using the **DE intervention code**. The DE code is the same code used when a patient is not eligible for PharmaCare coverage because they have federal coverage.

Special Authority Criteria—Ticagrelor	Approval Period
To be taken in combination with ASA 75 mg – 150 mg daily for patients with acute coronary syndrome (i.e., ST elevation myocardial infarction [STEMI], non-ST elevation myocardial infarction [NSTEMI] or unstable angina [UA]) with ONE of the following: Failure on optimal clopidogrel and ASA therapy as defined by definite stent thrombosis or recurrent STEMI or NSTEMI or UA after prior revascularization via Percutaneous Coronary Intervention (PCI) OR STEMI and undergoing revascularization via PCI OR NSTEMI or UA and high risk angiographic anatomy and undergoing revascularization via PCI.	Up to 12 months
Special Authority Criteria—Clopidogrel	**Approval Period**
PharmaCare is changing the Special Authority Criteria for clopidogrel by: • Extending the duration of coverage of clopidogrel post-Percutaneous Coronary Intervention (PCI) from 30 days to one year. • Inviting cardiologists to enter into a Collaborative Prescribing Agreement (CPA).	
To be taken in combination with ASA after prior revascularization via Percutaneous Coronary Intervention (PCI)	Up to 12 months
OR	
To be taken in combination with ASA for high-risk, medically treated patients following hospital-diagnosed unstable angina (UA) or non-ST elevation myocardial infarction (NSTEMI).	Up to 12 months
OR	
To be taken for the secondary prevention of coronary, cerebral and peripheral vascular occlusion and embolization where a person has experienced treatment failure or intolerance to optimal ASA therapy.	Indefinite

Detailed Special Authority criteria and copies of individual request forms are available on the PharmaCare website at

- Ticagrelor–www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/ticagrelor.html
- Clopidogrel– www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/clopidogrel.html

NOTE: Special Authority approval cannot be granted retroactively to cover prescriptions filled before a physician's CPA has been processed. Actual coverage is subject to the patient's usual PharmaCare plan rules, including any annual deductible requirement.

Correction Regarding Coverage for PMS-Sumatriptan 25 mg

Effective **August 14, 2012**, PMS-Sumatriptan 25 mg became a regular PharmaCare benefit, subject to the Low Cost Alternative (LCA) Program, for Fair PharmaCare and Plans Plan B, C, F.

Correction: Please note that coverage will **not** be linked to LCA pricing for 50 mg sumatriptan as previously announced.

Regular Benefits

The following blood glucose monitoring strips are now eligible PharmaCare benefits.

DIN	DRUG NAME
44123051	Bayer Contour® NEXT Blood Glucose Test Strips
44123053	FreeStyle Precision Blood Glucose Test Strips
44123052	Medi+Sure™ Blood Glucose Test Strips

The following needles for insulin use only are now eligible PharmaCare benefits for patients on Fair PharmaCare, Plan C and Plan F who have a valid Certificate of Training in blood glucose monitoring.

DIN	DRUG NAME
97799440	UltiCare Pen Needles (32 gauge x 4 mm)

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. 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
2329840	aztreonam (Cayston®) 75 mg/vial powder for solution	N	N
2370921	linagliptin (Trajenta™) 5 mg tablets	N	N
2369613	rufinamide (Banzel®) 100 mg tablets	N	N
2369621	rufinamide (Banzel®) 200 mg tablets	N	N
2369648	rufinamide (Banzel®) 400 mg tablets	N	N
2371022	telmisartan-amlodipine (Twynsta™) 40 mg telmisartan/5 mg amlodipine tablets	N	N
2371030	telmisartan-amlodipine (Twynsta™) 40 mg telmisartan/10 mg amlodipine tablets	N	N
2371049	telmisartan-amlodipine (Twynsta™) 80 mg telmisartan/5 mg amlodipine tablets	N	N
2371057	telmisartan-amlodipine (Twynsta™) 80 mg telmisartan/10 mg amlodipine tablets	N	N

Limited Coverage Drug Program cont'd...

DIN	DRUG NAME	PLAN G	PLAN P
2368544	ticagrelor (Brilinta®) 90 mg tablet	N	N
2239630	tobramycin solution for inhalation (TOBI) 300 mg/5 mL ampule	N	N
2365154	tobramycin inhalation powder (TOBI PODHALER) 28 mg capsules	N	N

Partial Benefits

The following new short acting insulin analogue product is now an eligible PharmaCare partial benefit for Fair PharmaCare and Plans B, C, F, and, if indicated below, Plan G and/or Plan P. This product is reimbursed up to the applicable PharmaCare maximum allowable cost.

DIN	DRUG NAME	PLAN G	PLAN P	REIMBURSEMENT PER ML*
2377209	insulin aspart (NovoRapid® Flextouch®) 100 U/mL	N	Y	$2.7751/ml

* Each mL contains 100 units of the specified insulin.