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Wishing you a joyful and safe holiday season

Best wishes from staff and management at the
Pharmaceutical Services Division and Health Insurance BC

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FAIR PHARMACARE PLAN—ANNUAL UPDATE

Fair PharmaCare deductibles for 2008

Fair PharmaCare assistance levels for 2008 are based on family net income for 2006. Starting in the 2008 benefit year, families can deduct the amount of any Universal Child Care Benefit received in the applicable tax year.

On January 1, 2008, PharmaNet will be updated to reflect annual deductibles and family maximums for 2008 for all individuals and families registered in the plan. Deductible accumulations will be reset to zero.

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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.

Deductible information for patients for 2008

Fair PharmaCare registrants can access information about their deductible, the portion of eligible costs that Fair PharmaCare pays after the deductible is met, and their family maximum in the following ways.

Through the PharmaCare website at www.health.gov.bc.ca/pharme, registrants can:

- use the Fair PharmaCare Calculator to estimate this information, or
- request that a Confirmation of Fair PharmaCare Assistance be mailed to them.

Registrants can also contact Health Insurance BC and provide appropriate identifying information:

- From the Lower Mainland, call **604-683-7151**. From the rest of B.C., call toll-free **1-800-663-7100**. Customer Service Representatives are available Monday to Friday, 8AM - 8PM and Saturday 8AM - 4PM.

Retroactive reimbursements

Individuals or families who exceeded their deductible between January 1, 2007, (or the date on which their Medical Services Plan coverage became effective, whichever is later) and the date their Fair PharmaCare registration for 2007 was processed, will be reimbursed for eligible prescription costs they paid during that time.

Families do not have to apply for retroactive reimbursement; it is calculated automatically after year end. In the spring of 2008, PharmaCare will mail a reimbursement cheque to each qualifying individual or family.

Starting January 1, 2008, PharmaCare will reimburse prescription expenses above a family's Fair PharmaCare deductible only if the expense was incurred after the family registered for the plan. However, all eligible prescription costs will continue to count towards a family's Fair PharmaCare deductible.

Monthly Deductible Payment Option (MDPO) reminder

PharmaCare is accepting enrolments in the Monthly Deductible Payment Option for 2008. Letters have been sent to those who enrolled for 2007 advising them that enrolment for 2008 is not automatic. If they wish to re-enrol, they must respond as directed in the letter.

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.

Families who enrol in the MDPO will pay their 2008 Fair PharmaCare deductible in monthly instalments and will begin to receive assistance with their eligible prescription costs right away.

For more information, patients can visit the PharmaCare website at www.health.gov.bc.ca/pharme or contact Health Insurance BC. An information sheet on the MDPO is available on the website in English, French, Chinese and Punjabi.

ONLINE OSTOMY SUPPLY LIST UPDATED

Our website now offers an updated and more detailed list of Product Identification Numbers for the ostomy supplies eligible for coverage for patients who have undergone ostomy surgery. Actual coverage of ostomy supplies is subject to the usual rules of the patient's PharmaCare plan.

To access the list, please visit www.health.gov.bc.ca/pharme/pins/ospins.html

DOCUMENTING VERBAL REFILLS

During audits conducted in the last year, PharmaCare Audit noted several instances in which refill claims had been submitted for prescriptions more than a year old and in which verbal refills had not been sufficiently documented.

College of Pharmacists of British Columbia (CPBC) policy restricts the time span for ongoing prescription authorization to a maximum of one year from the prescribing date of the original prescription—with the exception of prescriptions for birth control pills which are valid for two years from the prescribing date. Claims submitted to PharmaCare for prescriptions more than one year old are subject to recovery.

Please also note that CPBC "[Refill Documentation Requirements](#)" policy sets out two acceptable methods for documenting refills:

- If your pharmacy software is capable of maintaining a transaction record, you can maintain a computerized transaction log—The computer-generated “authorization” label can be initialled by the responsible pharmacist and filed as the hard copy record of the authorization.
- You can also assign a new prescription number and prepare a new hard copy prescription—The initials of the responsible pharmacist(s) on the hard copy provide the required refill authorization documentation.

PharmaCare Audit prefers the second method as it provides a clear and accountable audit trail.

COVERAGE OF ADALIMUMAB AND ETANERCEPT FOR THE TREATMENT OF PSORIATIC ARTHRITIS

Etanercept (Enbrel[®]) 25 mg and 50 mg and adalimumab (Humira[®]) 40 mg/0.8mL, became available for PharmaCare coverage for the treatment of psoriatic arthritis under the Special Authority (SA) process as of April 2, 2007, and October 12, 2007, respectively.

Coverage is available for patients who are diagnosed with moderate to severe psoriatic arthritis and who meet the established PharmaCare criteria, when prescribed by a rheumatologist. The complete criteria can be accessed on our website at: www.health.gov.bc.ca/pharme/sa/criteria/restricted/adalimumab.html and www.health.gov.bc.ca/pharme/sa/criteria/restricted/etanercept.html.

PharmaCare provides initial coverage and annual renewal coverage of adalimumab and etanercept. The approval period for renewed coverage is:

- for a one-year period for doses greater than the manufacturer recommendation, **or**
- indefinite if patient receives adequate benefit **and** dosing follows the manufacturers' recommended dosage of etanercept 50 mg weekly or adalimumab 40 mg every two weeks.

All SA criteria and forms are available on the [Limited Coverage Drug Program](#) pages of the PharmaCare website. If only the forms are required, quick access is available from the PharmaCare home page (www.health.gov.bc.ca/pharme) by selecting [Forms](#) from the Contents menu.

PharmaNet entries for quantities dispensed are as follows:

---Please note that PharmaCare limits reimbursement to a 30 day supply---

Drug	DIN	Enter quantity using this unit of measure	Days supply should reflect frequency of treatment
adalimumab 40 mg	2258595	Number of syringes dispensed	Usual dosage is one syringe every 14 days. For this reason, 1 syringe is considered a 14 day supply.
etanercept 25 mg	2242903	Number of kits dispensed	Usual dosage is one kit every 14 days. For this reason, 1 kit is considered a 14 day supply.
etanercept 50 mg	2274728	Number of syringes dispensed	Dosage is one syringe every 7 days. For this reason, 1 syringe is considered a 7 day supply.

SPECIAL SERVICES FEES

The number of Special Services fees paid by PharmaCare over the past twelve months are:

Nov 2007.....	3,782	May 2007.....	3,385
Oct 2007.....	3,747	Apr 2007.....	2,861
Sep 2007.....	3,091	Mar 2007.....	3,135
Aug 2007.....	3,110	Feb 2007.....	2,777
Jul 2007.....	3,073	Jan 2007.....	2,653
Jun 2007.....	3,200	Dec 2006.....	4,462

BENEFITS

The following new products are now eligible PharmaCare benefits for Plans B, C, F, Fair PharmaCare and, if indicated below, Plan G and/or Plan P. Products are eligible for partial coverage subject to maximum allowable cost which is currently set at \$2.6177/mL.

DIN	DRUG NAME	PLAN G	PLAN P
2240297	HUMALOG [®] MIX 50 (INSULIN LISPRO / INSULIN LISPRO PROTAMINE) 100 U/mL CARTRIDGE	N	Y
2265435	NOVOMIX [®] 30 (SOLUBLE INSULIN ASPART 30% / INSULIN ASPART PROTAMINE CRYSTALS 70%) 100 U/mL	N	Y

The following blood glucose monitoring strips are now eligible PharmaCare benefits for patients on Plan C, F and Fair PharmaCare who have a valid Certificate of Training in Blood Glucose Monitoring.

PIN	DRUG NAME
44123039	LIFE BRAND blood glucose test strips

LIMITED COVERAGE PROGRAM

The following new product is now an eligible benefit under the Limited Coverage Program—by Special Authority only—for Plans B, C, F, and Fair PharmaCare and, if indicated below, Plan G and/or Plan P. For the Special Authority criteria, please visit the [Special Authority Information](http://www.health.gov.bc.ca/pharme) page on the PharmaCare website at www.health.gov.bc.ca/pharme.

DIN	DRUG NAME	PLAN G	PLAN P
2258595	HUMIRA [®] (ADALIMUMAB) 40 mg/0.8 mL for the treatment of psoriatic arthritis	N	N

NON-BENEFITS

DIN	DRUG NAME
2247521	EZETROL [®] (EZETIMIBE) 10 mg tablet