



benefit update

January 2009

2009 Brings Changes & New Responsibilities for Pharmacists & Dental Hygienists

We'd like to take this opportunity to inform you of several changes taking place in BC's healthcare environment and how these changes will impact your plan.

Drugs Prescribed by a Pharmacist

Further to our recent newsletter, effective January 1, 2009, BC pharmacists will be able to adapt prescriptions including:

- changing dosage, formulation, or regimen to enhance patient outcomes
- renewing a prescription for continuity of care
- making drug substitutions within a therapeutic class to best suit the needs of the patient.

Pharmacists are required to seek customer consent prior to adaptation of any prescription.

The provinces of Alberta, Nova Scotia and New Brunswick have introduced similar limited prescribing authority for their pharmacists. Quebec pharmacists can initiate and adjust drug therapies in line with protocol established with the physician. Ontario, PEI and Northwest Territories are considering similar changes.

Pacific Blue Cross (PBC) will cover prescriptions changed, renewed or substituted by a pharmacist as long as the drug is eligible under the plan. Your contract and booklet will be updated to reflect this change when the next amendment to your plan design occurs.

We are not expecting any impact to your Extended Health Care plan's utilization as a result of this change.

The BC government will be remunerating pharmacists for prescription adaptation and are precluding them from charging their customers for this service. Therefore, your EHC plan experience will not be affected by this change.

Other Changes Recently Announced by BC PharmaCare and Their Impact on Your EHC Plan

In addition to remunerating pharmacists for prescription adaptation, two other changes were part of a recent interim agreement between the Minister of Health Services and the BC Pharmacy Association (BCPhA). This agreement was reached after consulting with several stakeholders, including Pacific Blue Cross. Together, these changes are expected to save BC PharmaCare \$29 million in 2009. A third of these savings will be used to compensate pharmacists for prescription adaptation. The other two changes are:

1. ***New pricing policy for multi-source generic drugs, effective January 1, 2009:*** PharmaCare will apply a cost reduction factor to discount the amount they reimburse for newly listed multi-source generic drugs. Multi-source

PharmaCare limits the mark-up on ingredient costs it will reimburse to 7%.

You can limit the markup payable under your Extended Health Care plan. It's one way to control the rising costs of drugs on your plan.

Contact your plan advisor or PBC account manager for more information.

The maximum dispensing fee payable by PharmaCare remains at \$8.60.

More than a third of drug claims paid by Pacific Blue Cross have dispensing fees in excess of \$8.60, some reaching near \$10.00.

To limit the dispensing fee payable under your EHC plan, please contact your plan advisor or PBC account manager.

means there must be at least two generics available. PharmaCare will continue to recognize the low cost alternative price on their file at point of sale, and this amount will accumulate towards the customer's PharmaCare deductible and reimbursement as usual. At the end of the month, PharmaCare will apply a reduction formula that takes into account the total ingredient cost paid to all pharmacies that month for the drug, and 50% of the brand name drug price, to calculate adjustments for each pharmacy based on their claims for the month. These adjustments are meant to offset the rebates that pharmacies receive from pharmaceutical companies for stocking their generic drugs. The amounts charged to customers will not be impacted by this change, and, as stated previously, customers will continue to reach their PharmaCare deductible as usual. Therefore, this change should have no impact on your Extended Health plan's experience.

- 2. Frequency of Dispensing Policy, effective February 1, 2009:** It is intended that pharmacists will dispense the full quantity of drugs prescribed up to PharmaCare maximums (100 days supply for long term maintenance medications and 30 days for short term medications) at once. In cases where customers meet criteria for more frequent dispensing, the pharmacist must not charge more than:

- For drugs dispensed daily: three dispensing fees per customer per day.
- For drugs dispensed weekly or biweekly (for example): five dispensing fees per customer per period (e.g. per week or per two weeks).

PharmaCare will not reimburse more than the allowed number of dispensing fees, and pharmacists are not allowed to charge customers more than these new limits. This new policy applies to drugs on the PharmaCare formulary only.

In the event that a customer requests more frequent dispensing than what the new policy allows, the pharmacist can charge the customer, but not bill PharmaCare, for the additional dispensing fees. For eligible drugs, our plans would cover these additional dispensing fees. We anticipate that very few customers will request more frequent dispensing than what is allowed.

We are expecting minimal, if any, impact to your plan as a result of this new policy.

For more information on these changes, please visit The Ministry of Health Services at gov.bc.ca/health.

Claims Payments for Dental Hygienists

In the past, services provided by a dental hygienist were eligible only if they were performed under the supervision of a Dentist and submitted under the name of the Dentist's professional practice. Recent changes in legislation in BC, Alberta, Saskatchewan, Manitoba and Ontario now allow hygienists to practice independently, some with limited restrictions.

Effective February 1, PBC will accept claims from independent dental hygienists. The following criteria apply:

- The hygienist must be registered with the applicable licensing body in their province of practice.
- Claims will be paid using the PBC Dental Fee Schedule, and limited to services that are within the hygienists scope of practice.
- All hygienists' claims will be submitted on paper; they can not be submitted electronically at this time.
- Claims can be paid to members, or, if directed by the member and allowed by the hygienist, directly to the hygienist.

We do not expect an increase in utilization, and therefore there should be no impact to your dental plan's experience as a result of this change. Your contract and booklet will be updated to reflect this change when the next amendment to your plan design occurs.

If you have any questions regarding the above information, please contact your PBC Account Manager.

Changes to Reasonable & Customary Limits for Massage Therapists

Our reasonable and customary (R&C) limit for massage therapy claims has increased from \$80 to \$85. This is in line with the current fee schedule for massage therapists in BC. The new R&C limit will apply to services performed on and after January 1, 2009.

Visit our web site at pac.bluecross.ca for a complete list of R&C limits for health practitioners.