

## What is PharmaCare?

- Program to assist BC residents with the costs of medications & medical supplies
- There are plans under PharmaCare with and without deductibles
- "Coverage" refers to assistance in payment, which occurs only after the deductible, if required, is reached.
- Some drugs are fully covered, while others may be partially covered or not covered at all (regardless of the plan).
- Whether the drugs will be covered in full or partially is determined by the formulary of the specific plans and special programs:

## Provincial PharmaCare Plans

### Fair PharmaCare

- This plan applies to most BC residents; however residents must register.
- Deductible varies, based on personal income from 2 years ago
- When personal deductible is reached 70% of eligible drug costs is covered; when family maximum is reached, 100% of eligible drug costs is covered.
- For residents born in or prior to 1939, when deductible is reached, 75% of eligible prescription cost is covered; when family maximum reached, 100% of eligible prescription cost is covered.

\*Patients register over phone 1-800-663-7100 or  
online <https://pharmacare.moh.hnet.bc.ca/>

### Plan B (not related to the emergency contraceptive pill!)

- For permanent residents of licensed residential care facilities
- Covers eligible prescription drugs and designated medical supply costs for permanent residents of licensed residential care facilities

### Plan C

- For residents receiving medical benefits and on income assistance through Ministry of Housing & Social Development: 100% coverage of eligible costs.

### Plan D (sub-category plan, under main Fair PharmaCare or Plan C, etc.)

- For individuals registered with a provincial cystic fibrosis (CF) clinic
- Covers digestive enzymes and other drugs on CF formulary

## Provincial PharmaCare Plans cont'd

### Plan F

- For children who have severe disabilities and cared for at home. Must be registered with the Ministry of Child & Family Development.
- 100% coverage of eligible prescriptions and medical supplies

### Plan G

- For individuals registered with a mental health services center with financial need
- No charge for eligible psychiatric meds

*\* Registration by physician required.*

*Fax form to local mental health authority (Vancouver: 604-874-7698)*

### Plan P

- For individuals who want to receive palliative care at home

*\*Registration by physician required.*

*Fax form to local health authority and Health Insurance BC*

### BC Center for Excellence in HIV/AIDS

- Based out of St. Paul's Hospital in Vancouver.
- HIV positive patients receive anti-retrovirals free when enrolled with the Center.

### Non-insured Health Benefits (NIHB)

- Not technically a PharmaCare plan
- Program to assist registered First Nations people and Inuits under the Indian Act with the costs of prescription medication, medical transportation, dental, medical supplies & equipment, vision, crisis intervention counselling.
- Unlike PharmaCare, there are no deductibles, eligible products are covered 100%.
- Unlike PharmaCare, there is coverage for many OTC products (cough & cold medications, antihistamines etc), medical devices (glucometers, syringes, spacers, batteries)

## Provincial PharmaCare Plans cont'd

To make things more complicated, there are additional programs created by PharmaCare to contain drug costs. Consider these programs when deciding which drugs to order for your patient, especially when there are >1 drugs within a class. Some will be covered (at least go towards their deductibles) and others won't.

### Reference Drug Program

- Applies to 5 commonly used drug classes because there are so many different drugs within the class: H<sub>2</sub> blockers, CCBs, NSAIDs, nitrates, ACE inhibitors.
- PharmaCare fully covers the drug determined to be the most cost-effective in each category (the reference drug)
- Other drugs in that category only partially covered unless you apply for Special Authority (see below) for full coverage
- See **Appendix A** (page 24) for the list of fully covered reference drugs

### Limited Coverage Drugs

- These drugs are not usually considered "first-line" or other cost-effective alternatives exist.
- Special Authority (SA) approval (*see below*) is required to make it count towards the deductible and for coverage
- They are either 1) not covered or 2) partially covered unless SA is in place

### Special Authority (SA)

- SA grants full benefit status to certain medications
- Forms must be faxed by the physician before first prescription filled
- PharmaCare will determine urgency of request and processing time (1 day for urgent, 2 days for priority, 10 days for regular)
- Response will be faxed or mailed to physician
- Eligibility depends on other drugs tried, drug failure, physician recommendations
- Must be renewed every year 2 weeks before expiry
- Some drugs are exempt if prescribed by specialists
- For SA criteria, forms and specialist exemptions, see <http://www.health.gov.bc.ca/pharmacare/sa/saindex.html> or call 1-877-657-1188
- See **Appendix B** (page 25) for common medications that require SA

For **forms and more info** on plans, formularies, registration, see <http://www.health.gov.bc.ca/pharmacare/prescribe.html>

## Appendix A: Reference Drug Products

If there is more than one drug in a therapeutic class (i.e., a group of drugs used to treat the same condition), PharmaCare provides full coverage of only those drugs considered to be the most medically effective and the most cost effective in that category. This drug is called the "reference drug. FIVE drug classes are regulated by this Reference Drug Product program. If a prescription is being written for one of these classes and cost is a concern, use this table to find your most cost-effective option for the patient.

	<b>Covered</b>	<b>Partial coverage</b> (patient pays the difference)
<b>H2 blockers</b>	Cimetidine Ranitidine	Famotidine Nizatidine
<b>Calcium Channel Blockers</b> (dihydropyridines)	Felodipine	Amlodipine Nifedipine
<b>NSAIDS</b>	ASA enteric coated Ibuprofen Naproxen regular release	Diclofenac, Diclofenac SR Diclofenac + misoprostol Diflunisal Flurbiprofen Indomethacin Ketoprofen Naproxen EC, Naproxen SR
<b>Nitrates</b>	Isosorbide dinitrate	Isosorbide Isosorbide extended release
<b>ACE Inhibitors</b>	Captopril Cilazapril Quinapril Ramipril Trandolapril	Benazepril Enalapril Fosinopril Lisinopril Perindopril

## Appendix B: Common drugs that require Special Authority

### Anti-infectives

linezolid  
vancomycin (oral)  
voriconazole

### Cardiovascular

amlodipine  
clopidogrel  
enalapril (ACEI)\*  
fosinopril (ACEI)\*  
lisinopril (ACEI)\*  
rivaroxaban  
all angiotensin receptor blockers

### Pain

acetaminophen 500 mg  
celecoxib  
fentanyl patches  
hydromorphone CR  
diclofenac + misoprostol (Arthrotec)

*Hospital clinical/ward pharmacists may help apply for SA's, but not at all hospitals. Double check with your team pharmacist.*

### Neurological

aripiprazole  
bupropion  
olanzapine  
risperidone microspheres  
zopiclone

### Immunology

biological agents  
cyclosporine  
leflunomide  
methotrexate injection

### Hematology

dalteparin  
enoxaparin  
tinzaparin

*Very common meds for inpatients!*

### Gastrointestinal

proton pump inhibitors

### Respiratory

formoterol  
mometasone nasal spray  
salmeterol  
tiotropium (Spiriva®)  
Symbicort and Advair (steroid + LABA)

### Metabolic & Endocrine

alendronate, risedronate, zoledronic acid  
DPP-4 inhibitors (saxagliptin, linagliptin)  
estradiol patches/gel  
gliclazide (Diamicron)  
insulin glargine and detemir  
pioglitazone

*For SA criteria, forms and specialist exemptions, see <http://www.health.gov.bc.ca/pharme/sa/saindex.html> or call 1-877-657-1188*

\* You don't need SA for captopril, cilazapril, quinapril, ramipril, ortrandolapril  
\*\* You don't need SA for ASA-enteric, naproxen regular release, or ibuprofen.