PACIFIC BLUE CROSS®

Municipal Pension Plan Retiree Benefits Plan (Policy 88000) Dispensing Fee Limits as of Jan. 1, 2021

THE MUNICIPAL PENSION PLAN will be introducing new dispensing fee limits for Policy 88000 (the Retiree Benefits Plan) effective January 1, 2021. **No other Pacific Blue Cross policy numbers are affected at this time**.

These limits will impact defined sets of drugs **used to manage chronic conditions** (the Maintenance Drugs list).

Dispensing fees for solid-oral drugs included on the Maintenance Drugs list will be limited to **five** per drug per year. All other solid-oral medications (tablets and capsules) used to treat chronic conditions will be limited to 13 dispensing fees per drug per year. Your patient must be on a stable dose of the medication.

We have identified and will pre-approve patients who are eligible for up to 13 dispensing fees per year for these maintenance drugs. These patients are not required to have their medications blister packaged, but will be eligible for this if the pharmacist deems it to be clinically appropriate.

If your patient qualifies for blister packaging, the maximum limit for the drugs on the Maintenance Drugs list will be increased to 13 dispensing fees per year.

To qualify, your patient:

- is 90 years of age or older, or
- uses seven or more drugs to manage chronic conditions, or
- uses four or more drugs to manage chronic conditions if one or more are used to treat psychoses, bipolar disorder, Alzheimer's Disease, Parkinson's Disease, or epilepsy.

Your patients can choose to have more frequent prescription fills for these medications, but they will be responsible for covering any additional dispensing fees. When a claim is submitted in excess of these limits, PBC will return the CPhA response code 87 "exceeds max # of prof. fees for this drug."

We will continue to cover the cost of the drug according to the terms and conditions of the Retiree Benefits Plan; however, the dispensing fee portion of the claim will not be eligible.

Maintenance Drugs list

Maintenance drugs that are subject to the new dispensing fee limits generally fall into the following categories:

TREATMENT CATEGORIES	DRUG EXAMPLES*
Stomach acid related disorders	omeprazole, pantoprazole, ranitidine
Diabetes	metformin, gliclazide, linagliptin
Common heart conditions	ramipril, atorvastatin, metoprolol, rivaroxaban
Hormone replacement therapy	estradiol, conjugated estrogen, progesterone
Osteoporosis	alendronate, risedronate, raloxifene
Depression and anxiety	citalopram, amitriptyline, venlafaxine
Bladder conditions	oxybutynin, tolterodine
Benign prostatic hyperplasia	finasteride, tamsulosin
Thyroid conditions	levothyroxine, methimazole
Gout therapy	allopurinol, febuxostat, colchicine
Chronic inflammatory conditions	methotrexate, leflunomide, mesalazine
Chronic lung conditions	theophylline, montelukast, roflumilast

*This is not an exhaustive list of specific medications impacted in each category. Solid-oral dosage forms only.

The limits apply to solid-oral medications (tablets and capsules) only; they do not apply for non-solid oral medications (i.e. liquids, inhalers, compounds, injectables). Your patient must be on a stable dose of these medications.

After January 1, 2021, the new limits will be implemented and automatically adjudicated when you submit your electronic claims to Pacific Blue Cross.

In some situations, there may be a need to dispense prescriptions more frequently than is allowed by the new dispensing fee frequency limit.

If, in your clinical judgement, you believe your patient requires more frequent dispensing because of significant medication safety concerns, they may be granted an exception in rare circumstances where medical and safety concerns exist.

To request an exception, you and the prescriber must complete an MPP Dispensing Fee Frequency Exception Request form and fax it to Pacific Blue Cross for review. The review will consider information about the patient's medical history and specific safety concerns. It can take up to 10 business days from the time the form is received until you and your patient are notified of the outcome.

We acknowledge that this change may add complexities to assisting these patients, and we endeavor to provide the information you need to provide the best possible transition. To that end, we've included some frequently asked questions on the following two pages.

Do you require additional information about this new process?
Phone 604 419-2000
Toll-free 1 877 PAC-BLUE

Dispensing Fee Limits FAQ

Which Pacific Blue Cross plan members does this new dispensing frequency policy apply to?

Only members of the Municipal Pension Plan, Policy 88000. No other PBC policies are currently affected.

When will the new dispensing frequency policy for Policy 88000 take effect?

It is effective as of January 1, 2021.

What is the dispensing fee frequency policy?

Effective January 1, 2021, Pacific Blue Cross has implemented a new policy for Municipal Pension Plan members (Policy 88000) that limits dispensing fees for a defined list of maintenance drugs to a maximum of five per year.

In addition, medications taken on a regular basis to treat chronic medical conditions, will have a dispensing fee limit of 13 per year.

This policy does NOT apply to MPP plan members residing outside of British Columbia.

Which drugs are on the Maintenance Drugs list?

Medications on the Maintenance Drugs list include most medications that a patient would be taking on an ongoing basis to manage a chronic medical condition.

The policy does not apply to:

- drugs that would not be advisable to dispense in large quantities such as narcotics
- drugs that require frequent monitoring (i.e. warfarin)
- drugs that are in non-solid oral form (i.e. liquids, inhalers, compounds), topical products, injectables or patches
- drugs being used to manage acute or self-limiting conditions
- drugs that are limited to a maximum 35-day supply by BC PharmaCare.

What is the definition of a stable dose of the medication?

The definition of a stable dose is that the dose is the same as the last time the prescription was filled.

For example, a patient taking ramipril 5mg daily, where the dose has not changed and this prescription is refilled at 5mg daily, is considered stable. In contrast, a patient taking ramipril 5mg daily, whose prescriber increases the dose to 10mg daily and gets this new prescription filled at pharmacy, does not meet the definition of stable. In this case, the dispensing fee counter resets back to one and we will start the count from the 10mg dose.

How do I find out whether these limits apply to my patient?

Prior to January 1, 2021 a searchable PDF of the Maintenance Drugs list has been posted that can provide some information on a patient's potentially impacted medications. Please note: This list is not 100% accurate; it is simply an interim measure that we hope allows you to best serve your patients.

After January 1, members can use the drug lookup tool on their Pacific Blue Cross mobile app or our online Member Portal to see the dispensing fee limits for their specific drugs as well as the number of dispensing fees remaining in the year for each chronic or maintenance drug.

What happens once the dispensing fee limit is exceeded?

When a claim is submitted in excess of these limits, Pacific Blue Cross will return the CPhA response code 87 "exceeds max # of prof. fees for this drug" indicating you've exceeded the limit of dispensing fees for the prescription you are dispensing.

The cost of the medication will still be reimbursed according to the terms and conditions of the plan. However, the dispensing fee portion of the claim will not be eligible under the plan.

How can I ensure my patients that fall under Policy 88000 are prepared for the policy implementation?

Encourage your patients to fill prescriptions on the maintenance drugs list for 90-100 days supply and evaluate the clinical appropriateness for current patients receiving blister packs and fill for the customary 28-day supply.

How has Pacific Blue Cross identified patients who may benefit from blister packaging?

Certain patients will be pre-authorized to receive a maximum of 13 dispensing fees per year for all chronic and maintenance medications. Qualification criteria includes:

- 90 years of age or older
- Patient takes seven or more drugs regularly to manage chronic medical conditions
- Patient takes four or more drugs regularly to manage chronic medical conditions AND at least one of those drugs is used to treat Alzheimer's disease, Parkinson's disease, epilepsy, bipolar disorder or psychoses

These patients are not required to have their medications blister packaged, but will be eligible for 13 dispensing fees per year if the pharmacist deems this clinically appropriate.

Patients meeting criteria will be automatically eligible for 13 dispensing fees by evaluating their dispensing history. They do not have to be identified at the pharmacy level.

Is there claim override code that can be entered at the time of adjudication?

A claim override code may be entered only as deemed necessary by Pacific Blue Cross such as in a pandemic situation. Pharmacy providers will be advised when the code may be used.

Is there an exception process?

There may be a small number of patients who don't automatically qualify for 13 dispensing fees per year, but may benefit from blister packaging or daily dispensing due to significant safety concerns. In these cases, pharmacists can complete an exception request form and fax it to Pacific Blue Cross for review.

The exception request form must be signed by either the member or their legal representative (if the member does not have the capacity to sign the form). Please confirm legal representative status, as the primary caregiver may not be the legal representative.

Information detailing the clinical rationale for more frequent dispensing must be clearly documented on the form. Additional documentation can be included if required. This can be completed by the pharmacist and/or the prescriber. The form must be signed by both the pharmacist and the patient's primary prescriber.

Once the form is completed and signed by all parties (member, pharmacist, prescriber) it can be faxed to Pacific Blue Cross. Expect to receive a response within 10 business days.

Approvals will be considered for a maximum of 13 dispensing fees for patients requiring blister packaging. Patients requiring daily dispensing will be considered for ongoing payment of daily dispensing fees in exceptional circumstances.

Exception requests can be submitted prior to January 1, 2021 and will take effect on January 1, 2021. You will be notified of the approval period.

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