



Dispensing PharmaCare generics to Pacific Blue Cross members

We know that our Members value plan sustainability, and as their health benefits provider, we work hard to ensure that they continue to enjoy affordable benefits.

In order to keep drug coverage sustainable for our 1.4 million members, and to align with our new Pharmacy Agreement, we want to remind you to dispense BC PharmaCare listed generics to patients on Pacific Blue Cross drug plans. Some of our plans restrict drug coverage to only include BC PharmaCare eligible drugs. In situations where BC PharmaCare has only listed one, or only some, of the available generics, please ensure to dispense the generic listed by BC PharmaCare. This will ensure ongoing coverage for these Members.

To find out more information about what generics are listed with BC PharmaCare, please utilize the BC PharmaCare Formulary search, available online at pharmacareformularysearch.gov.bc.ca.

BC PharmaCare changes Candesartan listing

Effective February 3, 2018, BC PharmaCare de-listed all generic candesartan and candesartan/hydrochlorothiazide and now lists it as single source Accel Candesartan and Accel Candesartan HCTZ. Drug coverage for some Pacific Blue Cross members is restricted to PharmaCare eligible drugs. To ensure ongoing coverage for these members after February 2, 2018, pharmacies will need to dispense the single-source generic listed by PharmaCare.

In accordance with the Pacific Blue Cross Pharmacy Agreement, please ensure that generics listed with BC PharmaCare are dispensed for patients with Pacific Blue Cross drug coverage whenever possible.

Note that claims for de-listed generics for Pacific Blue Cross members on plans limited to PharmaCare drugs will reject.

Learn more at www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/newsletters/news18-001.pdf.

Questions? Call us:

Phone 604 419-2000

Toll-free 1 877 PAC-BLUE

pac.bluecross.ca



You asked about the Pacific Blue Cross Pharmacy Agreement, and we've got the answers

Thank you for helping make the 2018 Pacific Blue Cross Pharmacy (PBC) Agreement deployment a success. Pharmacies across Canada have signed it and we are looking forward to working with you to ensure its continued success.

Usual and Customary amounts

As stated in the 2018 PBC Pharmacy Agreement, pharmacies should continue to bill their Usual and Customary amounts when submitting EDI claims. If patients do not have a pay direct, pharmacies can continue bill their Usual and Customary amounts. Pharmacies should submit the same amount as they would to any other insurer or customer paying in cash.

Mark-ups

Note that a mark-up limit, as defined in the Pharmacy Agreement, is the total of all amounts added to the Manufacturer's list price and includes any wholesale upcharge, retail markup and any other amounts in excess of the Manufacturer's list price.

Pharmacists should be aware that the Pharmacy Agreement mark-up limit is applied to the Manufacturer's List Price, not the pharmacy's Actual Acquisition Cost.

Unbillable amounts

As a reminder, the "not billable" amount represents mark-up amounts that exceed what is listed in the Pharmacy Agreement. These amounts cannot be passed on to the member. When claims are submitted, Pacific Blue Cross will provide a response message to help you determine if there are any amounts that can be passed on to the member. Please ensure that the member is not charged for any non-billable amounts provided in our claim response. Charging members the "not billable" amount is not in compliance with the Pharmacy Agreement, and may result in the termination of a pharmacy's pay direct privileges.

Pharmacies should be aware that the "not billable" response message can be viewed by PBC members in their online claim history.



Register with PROVIDERnet to get direct deposit

PROVIDERnet is a website designed specifically for pharmacies and includes access to communications, the Pharmacy Reference Guide, and more. Sign up today at providernet.ca to enjoy benefits such as faster payment with direct deposit and online statements.

 **Looking for funding?**
Apply to the Pacific Blue Cross Health Foundation

Pacific Blue Cross is proud to be a local, not-for-profit health benefits organization. Annually, 1.4 million British Columbians depend on us for their health, dental, life, disability and travel coverage — but we are determined to do even more than that. Led by our mission to improve the health and wellbeing in British Columbia, and our commitment to give back to our local communities, we created the Pacific Blue Cross Health Foundation in 2012. The Health Foundation supports organizations in BC that are improving outcomes in the areas of chronic disease and mental illness.

Last year, we provided nearly \$300,000 in funding, including \$30,000 for dental clinics in communities across the province:

- \$10,000 for the New Life Dental Clinic in Kamloops
- \$10,000 towards the Vancouver Native Health Society in Vancouver
- \$10,000 for the Victoria Cool Aid Dental Clinic in Victoria

If you know of any not-for-profit organizations interested in applying for funding, invite them to visit pac.bluecross.ca/company/community.

