



Prescription medication coverage changes in Facilities, effective June 1

HEU to challenge implementation detail not bargained in new drug plan

The Facilities Bargaining Association is disputing an element of the new PharmaCare program's implementation plan, which was not included in the FBA's recent settlement with the Health Employers Association of BC.

Starting June 1, prescription medications for HEU members in the union's facilities subsector are covered by B.C. PharmaCare's generic drug listing.

HEU secretary-business manager Bonnie Pearson, who is also the lead negotiator for the FBA, says the move to PharmaCare is an important step toward sustaining and improving members' benefits plan, "but it appears the employer is trying to bring in an additional change that was never bargained."

As a result, Pearson says, "We are challenging what would amount to new out-of-pocket expenses for members, which health employers have raised on the eve of implementation."

Changes to the FBA's prescription drug plan, negotiated during the last round of bargaining, encourage the use of generic-priced, therapeutically-proven drugs as an alternative to more expensive brand name drugs. It's an approach that will help reduce the rapidly-escalating costs of the FBA's extended health care benefits plan, while maintaining the integrity of members' drug coverage with no new cost to members.

However, Pearson says, the employer has indicated it now plans to cap the amount of money a pharmacy charges to mark up the cost of drugs, including generic drugs. In other words, in those instances when pharmacy prices exceed the cap, the FBA and HEABC disagree about who will pay the difference.

"While it may only be a few dollars per prescription that we are talking about here," says Pearson, "the point is that we were assured in bargaining that reimbursement would remain consistent with the existing rules regarding deductibles and dispensing fees already in the collective agreement."

In the meantime, while the FBA works towards resolving this matter with HEABC, members should seek out pharmacies that will not charge members more than the covered amount. And in any situation where a member is asked by their pharmacy to pay out-of-pocket for an

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expense that is more than the normal deductible and dispensing fee, they should keep their receipts.

Aside from the issue of pharmacy price caps, how else are members affected by the change to a PharmaCare Tie-In?

- **Members who are already using generic medications**, or any drug covered by PharmaCare, are not affected by this change.
- **Members who do not know if a drug they are taking is covered** by PharmaCare, should check with their pharmacist.
- **Members who are currently using a brand name drug** that is not covered by PharmaCare – and there's a medical reason why the generic option doesn't work for their condition – should talk to their doctor.

These members will need to make sure they are registered with PharmaCare at <<http://www.health.gov.bc.ca/pharmacare>> or 1-800-663-7100, ask their doctor to submit a Special Authority Request Form for the brand name coverage, and have the confirmation from PharmaCare forwarded to our benefits provider, Pacific Blue Cross. Doctors and pharmacists are already familiar with the process. Any fees charged by a doctor for filling out these forms are covered by the extended health benefits plan.

Alternatively, a member can use the brand name drug and they will still be reimbursed an amount equivalent to the cost of the generic covered by the plan. In other words, members do have the option of choosing a brand name drug over the covered generic, so long as they pay the difference.

Members are reminded that the PharmaCare tie-in with Pacific Blue Cross is the **only change** to members' health benefits coverage. Members will continue to make claims through Pacific Blue Cross in the same way as they do now.

May 31, 2013