



Ministry of
Health

BC PALLIATIVE CARE BENEFITS

PRESCRIBER GUIDE



CHANGE RECORD		
DATE	VERSION	CHANGE DETAILS
Dec 1, 2009	1.0	<ul style="list-style-type: none"> • Original version
Jun 21, 2011	2.0	<ul style="list-style-type: none"> • Updated details on revised application form • Clarified definition of “home” • Updated contact information for ordering paper forms • Updated list of eligible medical supplies and equipment • Updated contact information for Health Authorities and Home and Community Care offices
Apr 17, 2012	2.1	<ul style="list-style-type: none"> • Revised Palliative Care Consultation Line service for BC physicians
Aug 2012	2.2	<ul style="list-style-type: none"> • Update program and plan names • Update Canadian Red Cross health equipment loan program name • Update contact phone numbers
Jan 2013	2.3	<ul style="list-style-type: none"> • Clarify requirement for patient’s signature on application form if patient is unable to sign • Added information on interim coverage for new B.C. residents who have not yet enrolled with B.C. MSP
Mar 2013	2.3	<ul style="list-style-type: none"> • Reference to ineligibility of RCMP members removed. RCMP members became PharmaCare beneficiaries as of April 1, 2013.
Sep 2013	2.4	<ul style="list-style-type: none"> • Updated contact information for Health Authorities and Home and Community Care offices • Added note re home oxygen not being covered under the BC Palliative Care Benefits Program
Oct 2015		<ul style="list-style-type: none"> • Information updated to reflect that: <ul style="list-style-type: none"> • Reassessment of patient eligibility is now required at 12 months. • Registration form has been revised and now includes a section for discontinuing benefits for a patient who is no longer eligible. • Nurse practitioners can now submit registration forms and conduct patient re-assessments • The Palliative Performance Scale has been replaced by the Supportive and Palliative Care Indicators Tool (SPICT™). • A Palliative Care Confirmation Line has been established to allow physicians and nurse practitioners to quickly confirm patient coverage by phone.

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WHAT ARE BC PALLIATIVE CARE BENEFITS?

BC Palliative Care Benefits support individuals of any age who have reached the end stage of a life-threatening disease or illness and who want to receive medically appropriate palliative care at home.

B.C. residents who are eligible to receive palliative care services at home can:

- receive PharmaCare assistance with the cost of **palliative medications**—through PharmaCare Palliative Care Drug Plan (Plan P)
- access certain **palliative medical supplies and equipment**—through the local health authority

UPDATED! ELIGIBILITY

The individual's **physician** or **nurse practitioner** determines the patient's medical eligibility for palliative care benefits.

BC Palliative Care Benefits are available to all B.C. residents with active MSP coverage¹ who:

- are living at home², and
- have been diagnosed with a life-threatening illness or condition, and
- have a life expectancy of up to six months, and
- consent to the focus of care being palliative rather than treatment aimed at cure.

For guidance in determining a patient's medical eligibility, please refer to the Supportive and Palliative Care Indicators Tool (SPICT™) on page 2 of the BC Palliative Care Benefits Registration form at www2.gov.bc.ca/assets/gov/health/forms/349fil.pdf.

BENEFITS

BC PALLIATIVE CARE DRUG PLAN (PLAN P)

The BC Palliative Care Drug Plan (Plan P) covers 100% of the eligible costs of the prescription drugs and selected over-the-counter (OTC) drugs needed for care and treatment at home.

Medications covered by the plan include:

- prescription medications prescribed for pain, symptom control and improved quality of life; and,
- certain OTC drugs required to supplement the prescription drugs and considered to be medically necessary for palliative care.

¹ In some instances, PharmaCare may consider extending interim coverage to Canadian citizens/permanent residents who are new B.C. residents and do not yet have Medical Services Plan coverage.

² For the purposes of BC Palliative Care Benefits, "home" is defined as wherever the patient is living, whether in their own home or with family or friends, in a supportive or assisted living residence, or in a hospice unit of a residential care facility (i.e., a community hospice bed that is not covered under PharmaCare Plan B).

Medications covered are listed in the BC Palliative Care Drug Plan formulary available at www.gov.bc.ca/pharmacare/palliativecareformulary.pdf.

Plan P does not cover items **not** listed in the plan formulary such as vitamins, herbs, nutritional supplements or medical marijuana.

Note: Needles and syringes for administration of injectable medications are provided by the health authorities as medical supplies and equipment benefits.

Once a patient's registration is processed, they can fill an eligible prescription at any pharmacy in British Columbia.

Benefits under the BC Palliative Care Drug Plan continue for as long as the person meets the eligibility criteria. However, reassessment of the patient's eligibility is required at 12 months (refer to *Reassessment/Cancellation* on page 6).

BC PALLIATIVE CARE DRUG PLAN FORMULARY

The drug formulary defines which prescription and OTC drugs are covered under this plan.

The plan provides patients receiving palliative care at home with access to the same palliative drugs they would receive at no charge if they were in hospital.

BC Palliative Care Drug Plan medications are selected for the formulary based on the following criteria:

- the prescription or OTC medication is prescribed for pain and symptom control; and,
- the prescription or OTC medication is prescribed to improve quality of life for palliative patients; and,
- providing the drug to palliative patients supports and enables patients to remain at home.

To receive coverage of the OTC drugs in the Plan P formulary, a patient must present a prescription for the medication at their pharmacy. This allows the pharmacy to enter the medication in the PharmaNet system, which enables PharmaCare to cover the eligible costs.

Drugs not included in the Palliative Care Drug Plan formulary may be covered under the patient's usual PharmaCare plan (e.g., Fair PharmaCare or, for recipients of B.C. Income Assistance, Plan C).

The most recent version of the formulary is on the PharmaCare website at www.gov.bc.ca/pharmacare/palliativecareformulary.pdf.

PAYMENT OF DRUG COST

When presented with a prescription for a drug or OTC medication for an individual registered for the BC Palliative Care Drug Plan, the pharmacy enters a claim for the prescription on PharmaNet. PharmaCare then pays the pharmacy directly for:

- drug costs up to the PharmaCare maximum price, and
- a dispensing fee (up to the maximum allowable dispensing fee).

PLAN P COVERAGE FOR NEW B.C. RESIDENTS

BC Palliative Care Drug Plan coverage is available to new B.C. residents who have not yet qualified for the B.C. Medical Services Plan (MSP).

Patients do not need active MSP coverage but **do** require a B.C. Personal Health Number (PHN). A PHN can be assigned at any B.C. community pharmacy.

Because PharmaCare's claim system, PharmaNet, cannot process claims for Plan P patients who are not enrolled in MSP, Plan P patients without MSP must pay for their prescribed palliative medications and then submit the receipts to PharmaCare for reimbursement.

To request Plan P coverage for a new B.C. resident who does not have MSP coverage, use the usual registration process:

- Ask the patient for their B.C. PHN.
- Submit a [BC Palliative Care Benefits Registration form \(HLTH 349\)](#) to
 - PharmaCare at the fax number provided at the bottom of the form, and
 - your local Home and Community Care Office (who will contact the patient to assess their need for palliative supplies and equipment).
- When PharmaCare has processed the registration it will notify you and provide a Confirmation of Coverage letter for your patient. The Confirmation of Coverage letter explains to the patient that they should obtain MSP coverage as soon as they qualify and that, once their MSP coverage begins, PharmaCare will pay its portion of any eligible prescription claim directly to the pharmacy at the time of purchase.

WHEN PATIENTS DO NOT MEET THE ELIGIBILITY CRITERIA

If a patient does not meet the criteria for the BC Palliative Care Drug Plan (Plan P), consider coverage options through other government insurers (such as Veterans Affairs Canada) and private insurers.

Please note that individuals covered by Health Canada's Non-Insured Health Benefits (NIHB) or Veterans Affairs Canada (VAC) require coverage under the BC Palliative Care Drug Plan *only if a medication is not covered by NIHB or VAC*.

Members of the Canadian Forces receive coverage through their employer and are, therefore, not eligible for this drug plan.

Patients should register for BC's Fair PharmaCare plan at www.gov.bc.ca/fairpharmacareregistration if they have not already done so. Fair PharmaCare covers PharmaCare benefits not included in Plan P.

SPECIAL AUTHORITY COVERAGE FOR DRUGS NOT INCLUDED IN THE PLAN FORMULARY

Most drugs in the BC Palliative Care Drug Plan (Plan P) formulary are regular PharmaCare benefits (that is, they are fully covered up to a maximum drug cost for each drug that PharmaCare accepts and up to the maximum dispensing fee). Drugs **not** included in the [Plan P formulary](#) may be covered under another PharmaCare plan (e.g., Fair PharmaCare). However, sometimes a drug that is not included in the

formulary is needed to alleviate patient discomfort. If there is no substitute for that drug in the formulary, PharmaCare will consider a request for Special Authority Plan P coverage.

To request Plan P coverage of a medication not included in the formulary:

- Fax to PharmaCare a completed [General Special Authority Request Form](#) (HLTH 5328).
The Special Authority fax number can be found on the request form. Faxing is the quickest method.
- Clearly mark “For Palliative Care Registrant” on the request form to ensure it receives priority attention.
- Include adequate documentation with the request.
A decision on coverage may be delayed if PharmaCare needs to call the physician and/or consultant for additional information.

MEDICAL SUPPLIES AND EQUIPMENT BENEFITS

This component provides individuals who are receiving palliative care at home with access to certain medical supplies and equipment. The Ministry of Health funds health authorities to deliver this component of the BC Palliative Care Benefits.

ELIGIBILITY

Health Authorities provide these benefits at no charge to eligible individuals based on need as assessed by the health authority’s designated health professional(s). Coverage includes access to certain medical supplies and equipment that support the delivery of safe palliative care at home.

Eligible patients are those who

- are in the last six months of their lives, and
- may potentially require care in a hospital if their palliative medical supplies and equipment are not provided.

A patient’s palliative needs are assessed on an ongoing basis monthly or more frequent basis. If it is determined that a patient no longer needs palliative supplies and equipment, he/she would need to purchase supplies and equipment themselves.

LIST OF MEDICAL SUPPLIES AND EQUIPMENT

A list of medical supplies and equipment provided by the health authorities is included in [Appendix A – Medical supplies and equipment](#).

Health Authorities may provide equipment in a variety of ways, including arrangements by purchase of equipment:

- medical supply companies for lease or rentals
- organizations such as the Canadian Red Cross Health Equipment Loan Program
- for actual purchase of technology such as CAD pumps by a Community Health Services Society with a contract for repair and maintenance with the Community Health Council

HEALTH AUTHORITY CONTACT INFORMATION

Home and Community Care offices of the local health authorities are listed in the blue pages of the telephone directory. Contact information may also be obtained from HealthLink BC (phone 8-1-1 or visit HealthLink BC's search site at <http://find.healthlinkbc.ca> and, in the search field, enter "home and community care."

ADDITIONAL PATIENT SUPPORT THROUGH HEALTH AUTHORITIES

HOME OXYGEN

Subsidized home oxygen for all eligible patients, including palliative patients, is delivered **through the Home Oxygen Program in each health authority**. Home oxygen is not covered under BC Palliative Care Benefits.

For more information, contact your local health authority's Home Oxygen Program or visit HealthLink BC's website at <http://find.healthlinkbc.ca> and, in the Find Services **What?** field, enter "home oxygen program."

PALLIATIVE CARE PROGRAMS

The home and community care office of your local health authority can advise your patient of other palliative care programs and supports that are available.

SUBMITTING NEW REGISTRATIONS, RENEWALS OR CANCELLATIONS

OVERVIEW

Submit a registration form to:

1. Register a new patient for benefits
2. Ensure continued benefits for a patient each year after reassessment
3. Discontinue benefits for a patient who no longer requires palliative care

PATIENT SIGNATURE REQUIREMENT

The *Freedom of Information and Protection of Privacy Act* requires that the patient or the patient's legal representative consent to the release of personal information such as basic demographic data and diagnosis. For this reason, the patient or their legal representative must sign the application.

If a patient is unable to sign the form and has no legal representative (or the legal representative cannot be reached), a physician or nurse practitioner may act on behalf of the patient.

In these cases, the physician or nurse practitioner should:

- sign in the **Signature of Applicant** (or legal representative) field, and
- note "Patient's physician/nurse practitioner" in the **Relationship to Applicant** field.

NEW REGISTRATIONS

Once a physician or nurse practitioner has certified that a patient meets the medical criteria, the physician or nurse practitioner completes a [BC Palliative Care Benefits Registration form \(HLTH 349\)](#) and faxes it to both Health Insurance BC (for drug coverage) and the home and community care office of the health authority (to initiate an assessment for palliative medical supplies and equipment).

Complete all fields to ensure coverage is not delayed.

NEW! REASSESSMENT/CANCELLATION

Physicians and nurse practitioners are required to re-assess a patient’s eligibility at 12 months.

- If the patient continues to meet the eligibility requirements, at the top of the form, check off “Reassessment.” Then complete Steps 1 through 4.
- If the patient does not meet the eligibility criteria, At the top of the form, check off “Cancellation.” Then complete Step 1 and Step 4 only.

If you do not submit a reassessment form 12 months after initial registration, the patient’s eligibility may be subject to verification for continued benefits.

UPDATED! SUBMITTING THE FORM

To ensure prompt processing, please complete all sections of the form. If the information is not complete, Health Insurance BC and/or the health authority will have to return the form to you to obtain the missing information.

Please fax the form to:

- Health Insurance BC at **250-405-3587**, and
- the appropriate **Home and Community Care office** of the local health authority, as listed in the blue pages of your telephone directory.

IMPORTANT: Please do **not** fax the application to a Health Authority’s head office.

To find the contact information for the Home and Community Care office, visit HealthLink BC’s search site at <http://find.healthlinkbc.ca>. In the search field, enter “home and community care.”

ORDERING REGISTRATION FORMS

The **registration form**, this **guide**, a **patient information sheet**, and the **plan formulary** are available on the PharmaCare website at www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/plan-p-bc-palliative-care-benefits-program.

If you require any printed copies of the form, please contact the Health Insurance BC Coverage Confirmation Line at **250 405 3612**.

WHEN DOES COVERAGE BEGIN?

BC PALLIATIVE CARE DRUG PLAN—Coverage under the BC Palliative Care Drug Plan begins as soon as Health Insurance BC (which delivers operational services for PharmaCare) processes the registration and enters the information in the PharmaNet system. Although most registrations are entered the same day that they are received, please allow up to 24 hours for processing.

MEDICAL SUPPLIES AND EQUIPMENT BENEFITS—Once the health authority receives the registration form, health authority staff contact the individual or their family. Arrangements will be made for a home visit to assess both the person’s eligibility and equipment/supplies needs. Once the patient’s care plan and needs are confirmed, health authority staff will arrange for the provision of the approved palliative medical supplies and equipment.

NEW! BC PALLIATIVE CARE BENEFITS—COVERAGE CONFIRMATION LINE

To confirm registration in the BC Palliative Care Drug Plan, the physician or nurse practitioner can phone the Palliative Care Confirmation Line at Health Insurance BC (HIBC) at **250 405 3612**. The line is available 24 hours a day, 365 days a year.

To confirm a patient’s registration, you will require the:

- Patient’s PHN
- Patient’s date of birth
- Patient’s address
- Patient’s primary diagnosis
- Physician or Nurse Practitioner’s license number

PALLIATIVE CARE RESOURCES

HEALTH AUTHORITY HOSPICE PALLIATIVE CARE PROGRAMS

Consultation is available through the Health Authority Hospice Palliative care Programs for physicians and professional care providers.

PROVINCIAL PALLIATIVE CARE CONSULTATION LINE

Physicians throughout BC have access to a 24/7 toll-free phone line for palliative care consultation. The phone line is staffed by palliative care physicians who offer timely clinical advice on pain and symptom management, psychosocial issues, or difficult end-of-life decisions making.

For advice or support, call **1-877-711-5757**.

GENERAL INFORMATION FOR PATIENTS AND CAREGIVERS

Patients or caregivers can consult the following:

For general information on BC Palliative Care Benefits	Call HealthLink BC (phone 8-1-1), or for information about drug coverage and basic eligibility requirements, visit the Ministry of Health’s PharmaCare website at www.gov.bc.ca/pharmacare
For information on medications included in the formulary	Call Health Insurance BC: <ul style="list-style-type: none">• From the Lower Mainland, call 604 683-7151.• From elsewhere in B.C., call 1 800-663-7100
For information on medical equipment and supplies	Local health authorities—See Health Authority Contact Information for details.

APPENDIX A - MEDICAL SUPPLIES & EQUIPMENT

Health authority staff assess the patient's initial and ongoing eligibility and specific needs for palliative supplies and equipment and make arrangements for the provision of approved supplies and equipment.

MEDICAL SUPPLIES

Health authorities provide medical supplies to eligible palliative care patients at no charge based on eligibility for BC Palliative Care Benefits and assessed need.

Supplies available to eligible patients include:

Routine dressing supplies

- sterile dressing supplies
- bandages, including elastic and adhesive, and tape
- trays (disposable or re-usable)
- solutions and ointments (unless covered by the Palliative Care Drug Plan component of BC Palliative Care Benefits)

Medication administration supplies

- needles, syringes, swabs

Intravenous therapy and subcutaneous supplies

- hydration solutions: Normal saline, 2/3 & 1/3, D5W
- mini-bags, tubing, cathlons, syringes, needles, heparin locks and caps
- Hypodermoclysis equipment

Urinary catheter care supplies

- urinary catheter equipment including drainage tubing, drainage bags,
- connectors, leg bag drainage set
- catheterization tray
- disposable gloves (non-sterile)

Incontinence supplies

- incontinence briefs and pads
- condom drainage sets
- disposable gloves (non-sterile)

Medical supplies **not** approved under BC Palliative Care Benefits:

- **ongoing diabetic supplies**—Covered by PharmaCare. Coverage is subject to the rules of a patient’s primary plan: Fair PharmaCare, Plan C (B.C. Income Assistance) or Plan F (Children in the At-Home-Program)—except blood glucose monitoring strips which are covered by the local health authority.
- **ostomy supplies**—Covered by PharmaCare. Coverage is subject to the rules of a patient’s primary plan: Fair PharmaCare, Plan C (B.C. Income Assistance) or Plan F (Children in the At Home Program).
- **wound care ointments** requiring a prescription (see the [BC Palliative Care Drug Plan formulary](#) for these items).

EQUIPMENT

Health authorities provide equipment to eligible BC Palliative Care Benefits patients based on assessed need. There is no charge to eligible patients.

Equipment may include:

- hypodermoclysis equipment
- computerized ambulatory drug delivery (CADD) pump equipment, including cassettes and other approved pain control delivery technologies
- pressure redistribution mattresses
- mechanical lifts with slings – may include ceiling lifts with installation according to health authority policy
- commodes, transfer boards, bath seats, floor-to-ceiling poles, wheelchair shower chairs
- walkers
- non-motorized wheelchairs
- hospital beds according to health authority policy