PHARMACARE NEWSLETTER

Edition 24-001: January 2024

The PharmaCare Newsletter team works from the territory of the Lekwungen People, known today as the Songhees and Esquimalt Nations. Our gratitude extends to them, and all Indigenous Peoples on whose territories and lands we build relationships.

BC PharmaCare counts on pharmacies and device providers to practice cultural safety and humility. To learn more, read Coming Together for Wellness, a series of articles by the First Nations Health Authority (FNHA) and PharmaCare, and consider taking the San'yas Indigenous Cultural Safety course.

The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood Services Division to provide information to B.C.'s healthcare providers.

www.gov.bc.ca/pharmacarepharmacists www.gov.bc.ca/pharmacareprescribers www.gov.bc.ca/pharmacaredeviceproviders

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Q: What is the rationale for potentially holding GLP1 agonists, such as semaglutide (Ozempic®), preoperatively?

A: The answer is in the current edition of <u>PAD Refills</u>. Make sure to subscribe so you don't miss out on news and updates!



Semaglutide (Ozempic) shortages

B.C. is experiencing shortages of both the 1 mg and 0.25 mg/0.5 mg semaglutide (Ozempic®) pens due to high global demand. Dulaglutide (Trulicity®) and tirzepatide (Mounjaro®), alternatives to Ozempic, have also posted shortage reports due to increased demand. Resolution is expected in early spring 2024. Intermittent resupplies will continue for all drugs, though not enough to meet the heightened demand.

Temporary coverage for dulaglutide (Trulicity®) is available to mitigate this shortage. If Special Authority is in place for semaglutide, dulaglutide will be covered automatically. Patients should be closely monitored and evaluated on an individual basis. Pharmacists can adapt most prescriptions when a drug is unavailable due to supply shortage, without consulting the prescriber.

Pharmacists are encouraged to limit refills to a 30-day supply. Prescribers are encouraged to limit new starts on these drugs to conserve existing supply for patients who have been stabilized, and for those without treatment alternatives.

Resources

- PharmaCare drug shortages
- Health Canada The supply and use of Ozempic
- Health Canada Recommendations while Ozempic and other GLP-1 agonists are in shortage
- Canadian Pharmacist Association guidance
- Type 2 diabetes medication available in Canada and PharmaCare coverage (PDF, 271KB)

Drug administration fee updates and reminders

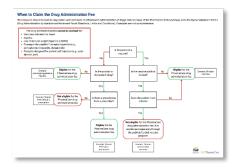
PharmaCare introduced the drug administration fee in October 2022 at the same time the College of Pharmacists of BC expanded the list of drugs pharmacists can administer. In the first year of the program, B.C. pharmacists have completed over 227,000 drug administrations. The top 3 drugs administered by pharmacists in that time were Shingrix, Prevnar 20, and private supply of Gardasil 9. Together these accounted for more than 60% of all drugs administered by pharmacists.

Reminders:

The following are not eligible for the drug administration fee.

- Vaccines indicated for travel
- Insulins
- Low molecular weight heparins (LMWH)
- Glucagon-like peptide-1 (GLP-1) receptor agonists (e.g., semaglutide, dulaglutide, tirzepatide)
- Products designed for patient self-injection (e.g., auto-injector, pen)
 - Use your professional judgement and refer to <u>Part III: Patient Medication Information</u> in the <u>Product Monograph</u> to determine if a product is designed for self-injection

Refer to the <u>drug administration fee flowchart (PDF, 50KB)</u> for more information.



Resources

- <u>Drug administration fee</u> web page, general information
- Pharmacist administration of drugs and vaccines PharmaCare Policy Manual, section 8.10
- Product Monograph Part III: Patient Medication Information
- Drug administration fee flowchart (PDF, 50KB)

Travel Declaration form and policy updates

As of December 1, 2023, the <u>Travel Declaration form</u> is available online for download and printing. Previously, Travel Declaration forms could only be requested through Health Insurance BC (HIBC).

Once every six months (180 days), under the <u>Travel Supply Policy</u>, a patient can request an early prescription refill for the purpose of travelling outside B.C. This is an exception to PharmaCare's <u>Refilling Prescriptions Too</u> Soon Policy.

PharmaCare will cover a "top-up" up to the drug's maximum days' supply recognized by PharmaCare (i.e., up to 30 days for a short-term use drug or up to 100 days for long-term use drug). Patients who want more will have to pay the added cost.

One Travel Declaration form can document several travel supply claims if multiple prescriptions are filled on the same day.

Patients must sign the Travel Declaration form on the date the travel supply is filled to receive coverage.

Procedures

If the patient requests an exception under the Travel Supply Policy:

- Enter patient's name and PHN, and the days' supply needed for travel on the Travel Declaration form
- Have the patient (or guardian) sign the Travel Declaration form
- Reverse the claim in PharmaNet and re-submit with the intervention code MV–Vacation Supply (if
 patient has less than a 14-day supply, no intervention code is needed)
- Retain the signed Travel Declaration form for audit purposes

Resources

- Section 5.4 Travel Supply Policy
- PharmaCare Travel Declaration form



Prosthetic and orthotic forms and resident supervision

The following prosthetic and orthotic (P&O) application forms and invoices have been updated:

- HLTH 5400 Orthotic benefits application for financial assistance
- HLTH 5402 Prosthetic benefits application for financial assistance
- HLTH 5416 PharmaCare ostomy benefits
- HLTH 5417 PharmaCare Prosthetic and orthotic benefits Invoice
- HLTH 5418 Offloading orthotic benefits application for financial assistance
- <u>HLTH 5450 Plagiocephaly helmet</u>

Please ensure you are using the latest versions. Only the new forms will be accepted after Feb 1, 2024.

Form update highlights include:

- Provider certification sections: have been updated to include the addition of supervision of <u>Orthotics</u>
 <u>Prosthetic Canada</u> (OPC) residents
 - P&O residents working in enrolled device clinics: residents must be registered with OPC and there must be a supervising certifee physically present and available to the resident at all times while they work with PharmaCare patients, regardless of if they are at an independent supervision level
- Applications for financial assistance forms: the provider now certifies that they are responsible for assessing the client for the services
- Invoices: the provider certifies that the client's casting, fitting and follow-up care is complete

Review the P&O policy manual for more details:

- Section 3.1 Mandatory enrolment as a PharmaCare provider
- Section 7.1 Procedure for applications for pre-approval

Exchange rate update for prosthetic and orthotic components

As of December 27, 2023, PharmaCare's exchange rate has decreased from \$1.3871 to \$1.3205.

PharmaCare's price list for P&O components is adjusted periodically, based on changes to the U.S. exchange rate posted by the Bank of Canada. When the rate changes by at least 5 cents over at least 5 consecutive business days, PharmaCare's exchange rate is adjusted to reflect the new rate. This condition was met for the period beginning December 27, 2023.

RAT kit payment update

Since the last newsletter, PharmaCare has paid pharmacies for COVID-19 rapid antigen test (RAT) kit distribution as follows:

Payment month	Payment date
October 2023	January 3, 2024

Pharmacies are paid \$75 for each case of RAT kits distributed, and pharmacists are reminded to enter the correct PIN for each case of RAT kits distributed.

BTNX: 66128325Artron: 66128338

Resources

- 2023 PharmaCare Provider Payment Schedule (PDF)
- 2024 PharmaCare Provider Payment Schedule (PDF)

Scope of Practice Corner

Minor Ailments and Contraceptive Service (MACS) monitoring and evaluation update The Ministry is continuously monitoring and evaluating MACS.

Between June 1, 2023 and November 30, 2023:

- Over 195,000 MACS were provided
- More than 160,000 patients received MACS
- More than 1,300 pharmacies provided MACS (87% of community pharmacies*)
- Over 3,700 pharmacists provided MACS, approximately 56% of licensed B.C. pharmacists, or 71% of active community pharmacists*
- The greatest number of assessments were for:
 - urinary tract infections (uncomplicated) 21%
 - o contraception 19%
 - o allergic rhinitis 8%
 - o conjunctivitis 7%
 - o dermatitis 7%
- Of the minor ailment assessments, approximately 79% resulted in a prescription and 10% resulted in advice to see another healthcare provider

Top 5 minor ailment assessments resulting in a prescription:

Ailment	% of claims resulting in RX
Herpes labialis (cold sores)	94%
Urinary tract infection (uncomplicated)	89%
Acne	89%
Gastroesophageal reflux disease/ dyspepsia	88%
Hemorrhoid	87%



Top 5 minor ailment assessments resulting in a referral:

Ailment	% of claims resulting in Referral
Oropharyngeal candidiasis	19%
Shingles	18%
Vaginal candidiasis	18%
Headache	18%
Fungal infection	18%

This is the last MACS data update that will be published in the PharmaCare Newsletter. For more information and future MACS data updates, refer to Pharmacist scope of practice and PPMAC data.

2024 New Year reminders

2024 provider payment schedule

The weekly and monthly <u>provider payment schedule for 2024</u> is available on our <u>information for pharmacies</u> <u>web page</u>.

Blood glucose test strip annual quantity limits

As of January 1, 2024, patients were assigned their annual limit of blood glucose test strips (BGTS). Please ensure you use the <u>regular BGTS PINs</u> listed for claims until patients exceed their annual limit.

The list of BGTS eligible for PharmaCare coverage changes on a regular basis. Please consult the <u>list of eligible</u> blood glucose test strips on the PharmaCare website before submitting claims.

All strips purchased by a patient, regardless of the payer, count toward the patient's annual limit.

BGTS information for patients

Patient information is available online about <u>PharmaCare quantity limits for BGTS</u> and as a printable patient information sheet, <u>Blood glucose test strips – annual limits (PDF)</u>, available on our <u>patient info sheets web page</u>.

Fair PharmaCare annual deductibles reset in the new year

As of January 1, 2024, PharmaNet was updated with 2024 annual deductible and family maximum amounts. Deductible accumulations were reset to zero.

Fair PharmaCare coverage levels for 2024 are based on a family's 2022 net income. Income from Universal Child Care Benefits, Registered Disability Savings Plans and some BC Housing subsidies is not included when determining coverage levels.

Deductible information for patients

This can be a stressful time for Fair PharmaCare beneficiaries as many are paying the full cost of their drugs. Please let them know that they may be eligible for PharmaCare's monthly deductible payment plan if they do not have third party insurance for prescription claims. Once they register, PharmaCare immediately pays for 70%

^{*}Submitted a PharmaCare claim in the year before program launch

of their eligible drug costs. Fair PharmaCare registrants can get information about their deductible and family maximum by:

- Requesting a confirmation of Fair PharmaCare coverage letter or
- Calling us Monday to Friday, 8 am to 8 pm and Saturdays 8 am to 4 pm from the Lower Mainland at 604-683-7151 or from the rest of B.C., toll-free, at 1-800-663-7100



DEDUCTIBLE RESET



Remind your patients that they can pay their Fair PharmaCare deductible in monthly instalments!

PharmaCare pays 70% of eligible drug costs right away – as if they have already met their deductible. Patients can call 1-800-663-7100 to ask if they are eligible!

Formulary and listing updates

Regular benefit listing update: rivaroxaban (Xarelto®, generics)

As of December 7, 2023, generic rivaroxaban is now a regular benefit for Plans B, C, F, PC, I and W.

Limited Coverage benefits: romosozumab (Evenity™), tezepelumab (Tezspire™), adalimumab biosimilar (Hadlima® and Hadlima PushTouch®), adalimumab biosimilar (Yuflyma®)

PharmaCare has added the following Limited Coverage items to the PharmaCare drug list. Special Authority approval is required for coverage.

Drug name	romosozumab (Evenity™)		
Date effective	December 12, 2023		
Indication	Treatment of osteoporosis in postmenopausal women at high risk for fracture		
PIN	02489597	Strength & form	105 mg/1.17 mL solution in a pre-filled syringe

Drug name	tezepelumab (Tezspire™)		
Date effective	December 14, 2023		
Indication	As an add-on maintenance treatment in adults and adolescents 12 years and older with severe asthma		
DIN	02529548 02529556	Strength & form	210 mg/1.91 mL (110 mg/mL) in a pre- filled syringe 210 mg/1.91 mL (110 mg/mL) in a pre- filled pen

Drug name	adalimumab biosimilar (Hadlima® and Hadlima PushTouch®)		
Date effective	December 19, 2023		
Indication	For the treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease for adults, ulcerative colitis, hidradenitis suppurativa for adults and plaque psoriasis		
DIN	02533472 02533480	Strength & form	40 mg/0.4 mL in a pre-filled syringe 40 mg/0.4 mL autoinjector

Drug name	adalimumab biosimilar (Yuflyma [™])		
Date effective	December 19, 2023		
Indication	For the treatment of rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease for adults, ulcerative colitis, hidradenitis suppurativa for adults and plaque psoriasis		
DIN	02535084 02535076	Strength & form	80 mg/0.8 mL in a pre-filled syringe 80 mg/0.8 mL autoinjector

Patients aged 2-5 are now eligible for Trikafta® coverage

As of December 14, 2023, Pharmacare's expensive drugs for rare diseases (EDRDs) process expanded coverage of Trikafta for cystic fibrosis patients with at least one F508Del mutation. Prior to this date, Trikafta was only covered for eligible patients aged 6 and older. Now patients aged 2-5 are also eligible for coverage. Trikafta for those aged 2-5 is packaged as a 28-day supply of oral granules. As Trikafta is dosed twice daily, a 28-day supply consists of 56 packages of oral granules. PharmaCare limits supply to 28 days. Refer to Section 3.18 – PharmaCare Policy Manual for claims information.

Approved claims are usually fully covered by PharmaCare or shared with the patient's third-party insurer. PharmaCare doesn't cover markup on Trikafta but will cover a dispensing fee.

Trikafta is distributed through McKesson Specialized Distribution (MSD) and cannot be ordered through the McKesson/PharmaClik system. Your pharmacy may need to open an account with MSD to order Trikafta. They can be reached at 1-877-827-1306 or mckesson.specializeddistribution@mckesson.ca. Due to the high cost of Trikafta, the Ministry of Health recommends that pharmacies bill PharmaCare or the patient's third-party insurer before ordering the medication from MSD. Pharmacies should also confirm pickup of the drug with the patient.

EDRDs are drugs that treat uncommon diseases and have a very high per-patient cost. EDRDs are PharmaCare non-benefits, but some drugs and patients may be eligible for coverage on a last-resort case-by-case basis through the EDRD process.

Ensure EDRD covered patients are charged public price for Trikafta

Regardless of DIN, a 28-day supply of Trikafta costs \$23,520. However, MSD also has a higher private price which it may charge to patients covered by third party insurance.

For EDRD covered patients, provide MSD with the patient's EDRD number when placing a Trikafta order to ensure you are invoiced the public price of \$23,520/28-day supply. If you are charged a higher amount, please call MSD to remind them to charge you the EDRD price.

Drug name	elexacaftor/tezacaftor/ivacaftor (Trikafta®)		
Date effective	December 14, 2023		
Indication	Cystic fibrosis in patients aged 2 and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator gene		
DINs	02517140 02526670	Strength & form	elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75mg and ivacaftor 150 mg oral tablets
	02542277		elexacaftor 50 mg/tezacaftor 25 mg/ivacaftor 37.5 mg and ivacaftor 75 mg oral tablets
	02542285		elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg and ivacaftor 75 mg oral granules
			elexacaftor 80mg/tezacaftor 40mg /ivacaftor 60mg and ivacaftor 59.5mg oral granules
Covered under	Expensive Drugs for Rare Diseases process		

Your Voice: Input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is integral to <u>B.C.'s drug review</u> <u>process</u>. If you know someone who is taking one of the drugs below or who has a condition any of the drugs treat, please encourage them to visit <u>www.gov.bc.ca/BCyourvoice</u>.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
drospirenone (Slynd®)	conception control in adolescent	December 27 to January 23 at 11:59 pm
	and adult women	
aflibercept (TBC)	diabetic macular edema (DME)	December 27 to January 23 at 11:59 pm
aflibercept (TBC)	neovascular age-related macular	December 27 to January 23 at 11:59 pm
	degeneration (nAMD)	
inebilizumab (Uplizna®)	neuromyelitis optica spectrum disorder (NMOSD)	December 27 to January 23 at 11:59 pm
ravulizumab (Ultomiris®)	neuromyelitis optica spectrum disorder (NMOSD)	December 27 to January 23 at 11:59 pm



PharmaNet has connected health professionals to a provincewide data network since it was launched in 1995. More than 75 million transactions are processed each year in PharmaNet! Read PharmaCare Trends 2021-22 (PDF, 865KB) for more PharmaCare facts.