PHARMACARE NEWSLETTER

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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: How achievable is an HbA1c < 7% in people with type 2 diabetes when a second medication is added to metformin?

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!



Scope of Practice Corner

MACS monitoring and evaluation update

The Ministry is conducting ongoing monitoring and evaluation of the Minor Ailments and Contraception Service (MACS).

Between June 1, 2023 and August 15, 2023:

- More than 84,100 services were completed
- More than 75,500 patients received a service
- More than 1,300 pharmacies have provided a MAC service, representing approximately 85% of community pharmacies*
- More than 3,500 pharmacists provided a MAC service, representing approximately 53% of all licensed BC pharmacists, or 67% of active community pharmacists*
- The greatest number of assessments were for:
 - urinary tract infections
 - o contraception
 - o allergic rhinitis
 - o conjunctivitis
 - dermatitis

The Ministry extends its heartfelt appreciation to pharmacists for their ongoing contributions to the success of implementing PPMAC/MACS.

For more information, refer to Pharmacist scope of practice and PPMAC data.

UBC study seeks pharmacist perspective on prescribing

Are you a practising pharmacist in the community setting? UBC researchers are surveying pharmacists about their perspectives on the expansion of prescribing authority in B.C. Learn more and participate in the online survey at the <u>UBC study web page</u>.

New educational opportunities to support MACS

UBC's Continuing Pharmacy Professional Development (CPPD) program added the following free, accredited courses and presentations in June and August to support the Minor Ailments and Contraception Service (MACS):

- Contraception Part I Hormonal Contraception, LARC, and Permanent Contraception
- <u>Contraception Part 2 Emergency Contraception</u>
- Case-Based Learning Contraception
- Case-Based Learning Emergency Contraception

^{*}A community pharmacy or active pharmacist is one who submitted a PharmaCare claim in the year before program launch.

MACS: Tobacco Use Disorder

The BC Pharmacy Association (BCPhA) has also launched the MACS Orientation course, which includes case studies in urinary tract infections, shingles, cold sores and contraception. See MACS Education & Resources page on BCPhA's MACS Portal for Pharmacists for more information.

Pharmacists continue to have free access to other important clinical resources:

- medSask's Minor ailment and self-care guidelines (through BC Pharmacy Association)
- Accredited <u>modules on specific minor ailments</u> (UBC CPPD). More than 2,900 pharmacists have already registered for CPPD's <u>Prescribing for Minor Ailments</u>—<u>Introduction</u> module

Pharmacists are encouraged to enroll in these programs and to continue seeking other educational opportunities and resources to support their participation in MACS.

New Help Desk and Medical Practitioner phone line options

HIBC has changed phone line options in response to practitioner feedback and to make room for MACS.

PharmaCare Help Desk

- Press 1: To report a timeout or technical problem connecting to PharmaNet
- Press 2: For questions about a rejected claim (and other enquiries related to claims adjudication)
- Press 3: To verify a patient's Medical Services Plan coverage or information on a BC Services Card
- Press 4: For patient restrictions
- Press 5: For assessment of minor ailments and contraception
- Press 6: For anything else, or to speak with the PharmaCare Help Desk

PharmaCare/PharmaNet Medical Practitioner line

- Press 1: For Plan G Psychiatric Medications plan coverage or questions about Special Authority coverage, including coverage under the Reference Drug Program
- Press 2: For questions about Plan P Palliative care drug plan coverage
- Press 3: For the restricted claimant program

July 2023 HIBC phone line stats

PharmaCare Help Desk calls: 6,099
Average wait time: 55 seconds

Medical Practitioner line calls: 1,091
Average wait time: 48 seconds

Pharmacogenomics (PGx) testing guidance

Precision Medicine and Genetic Services has published an overview of pharmacogenomics (PGx) testing in B.C. and considerations for incorporating PGx testing into health care decisions.

Read more at:

- Pharmacogenomics testing: information for providers
- Pharmacogenomics testing: information for patients

Precision Medicine and Genetic Services operates within the Therapeutic Assessment and Access branch of the Ministry's Pharmaceutical, Laboratory and Blood Services Division.

Vaccine administration by nurses

Pharmacies may claim influenza vaccinations administered by nurses during the 2023-24 flu vaccination campaign, as permitted during the 2022-23 campaign. (Pharmacies can also claim COVID-19 vaccines administered by nurses.)

Any nurse administering an influenza (or COVID-19 vaccine) in a B.C. pharmacy must be:

- Licensed by the B.C. College of Nurses and Midwives (BCCNM); i.e., they must be an active registrant of that college, OR
- Permitted under <u>the November 4, 2022, Provincial Health Officer order</u>, as student nurses or retired nurses, with supervision as per the PHO order

Flu vaccines can also be administered by a pharmacy technician or pharmacy student, if they are supervised, as per the November 4 PHO order.

Pharmacies can claim the vaccine administration fee of \$12.10 for the influenza vaccine, and \$18 for the COVID-19 vaccine.

Resources:

- Section 8.10, PharmaCare Policy Manual
- Publicly funded vaccines seasonal PINs coming soon

PharmaCare website user survey

The PharmaCare website survey is still open!

This survey seeks input from health professionals to identify the parts of the PharmaCare website that are working well and any that need improvement.

The survey is open until October 1, 2023. Visit PharmaCare website survey to provide your feedback.

Thank you for helping make the PharmaCare website even better!

Evacuations and PharmaCare Plan B

During evacuations due to natural disasters such as wildfire and flood, people living in long-term care (LTC) facilities are sometimes moved to other LTC facilities. This was the case during this summer's wildfires.

To ensure that an LTC resident's drug coverage is not disrupted during an evacuation, LTC residents evacuated to a Plan B facility can receive Plan B coverage, whether or not their original home facility was enrolled in Plan B.

The pharmacy contracted by the receiving LTC facility will provide services to the evacuated residents, unless there is express direction from the receiving LTC facility to appoint a pharmacy (for example, the pharmacy that ordinarily serves the facility). In this case, the receiving LTC facility or appointed pharmacy completes the Additional Appointed Pharmacy for LTC Evacuation Form.

The form:

- · Documents which pharmacy is responsible for pharmacy services for evacuees, and
- Authorizes Plan B pharmacy payments related to evacuees

The form can be requested from **HIBC Information Support**.

Resources:

- Patient care during states of emergency and evacuations
- Pharmacy services for people evacuated from Plan B facilities (section 7.3, PharmaCare Policy Manual)

Use owner's PHN when dispensing for animals

Pharmacists are reminded to use the animal owner's PHN when dispensing veterinary medication. Never assign a PHN to an animal.

To prevent the drug from adjudicating in PharmaNet as a PharmaCare benefit, and to ensure the patient's medical record is correct:

- Use the veterinarian's licence number as the Practitioner ID
- Use V9 as the reference code

This ensures the drug does not appear on the pet owner's record as a dispense for them, which would affect drug utilization evaluation (DUE) results. Failure to properly process veterinary medications in PharmaNet may result in inappropriate PharmaCare coverage and could have serious implications for patient safety.

Posters for COVID-19 research study

Pharmacies and clinics are invited to download and post a recruitment poster for the CanTreatCOVID research study. The call is open to adults 50 years old and up or 19-49 years old with one or more chronic condition(s), who tested positive for COVID with symptoms starting within the last 5 days. Participants receive a study drug or usual care, personalized care, and will complete an online diary and surveys. Participants are compensated.

Poster links

- CanTreatCOVID poster 1
- CanTreatCOVID poster 2

RAT kit expiry dates

Health Canada is extending some RAT (COVID rapid antigen test) kit expiry dates.

All lot numbers of Artron rapid tests have been extended by 6 months. Let customers know that they can add 6 months to the expiration date shown on the Artron package.

For other expiry date information, refer to the <u>BC Centre for Disease Control COVID-19 website</u>.

Expired tests that have not been extended should not be used and may be disposed of in regular waste.

RAT kit payment update

Since the last newsletter, PharmaCare will be paying pharmacies for RAT (COVID rapid antigen test) kit distribution as follows:

| Payment month | Payment date |
|---------------|-------------------|
| June 2023 | September 5, 2023 |

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)
- RAT kit distribution (section 8.15, PharmaCare Policy Manual)

Formulary and listing updates

Maximum days' supply for Hemangiol™ extended to 60 days

PharmaCare has extended the maximum days' supply for Hemangiol™ (propranolol oral solution) to 60 days (from 35 days), effective August 11, 2023. The solution expires 60 days after being opened.

Dispense unopened amber glass bottle of Hemangiol in the outer box, with directions to dispose of remaining contents 60 days after the bottle was opened. As preservatives are not used in Hemangiol, partial dispenses (e.g., pouring off 10 mL) are not recommended.

Resources

Limited coverage criteria for propranolol hydrocholoride

New DINs for Botox® 50 unit and 200 unit vials

The manufacturer of onabotulinumtoxinA (Botox) has created 2 new DINs for the 50 unit (U) and 200 U vial strengths. Previously, the 50 U, 100 U, and 200 U all had the same DIN (01981501). The 100 U vial will continue to have that DIN.

| Vial size | Old DIN/PIN | New Health Canada- approved DIN | List price |
|-----------|-------------|------------------------------------|------------|
| 50 U | 01981501 | 02531577 | \$178.50 |
| 100 U | 01981501 | 01981501 | \$357.00 |
| 200 U | 01981501 | 02531585 | \$714.00 |

Botox is a Limited Coverage benefit for the treatment of spasmodic torticollis, blepharospasm, strabismus, equinus foot deformity due to spasticity in pediatric cerebral palsy patients 2 years of age or older, focal spasticity, and urinary incontinence due to neurogenic detrusor overactivity associated with multiple sclerosis or subcervical spinal cord injury.

Resources

- Botox limited coverage criteria
- List of designated high-cost drugs
- Correct quantities list

Limited Coverage benefits: FreeStyle Libre 2° Flash Glucose Monitor (FGM), edaravone (Radicava ORS°)

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

| Drug name | FreeStyle Libre 2® Flash Glucose Monitor (FGM) | | |
|----------------|---|-----------------|-----------------------------------|
| Date effective | August 1, 2023 | | |
| Indication | glucose monitoring in patients with diabetes mellitus | | |
| PINs | 43120004 43120005 | Strength & form | FreeStyle Libre 2 Sensor & Reader |

| Drug name | edaravone (Radicava ORS [®]) | | |
|----------------|--|-----------------|-----------------------------|
| Date effective | August 18, 2023 | | |
| Indication | treatment of amyotrophic lateral sclerosis (ALS) | | |
| DIN | 02532611 | Strength & form | Oral suspension 105 mg/5 mL |

Non-benefits: Pitolisant hydrochloride (Wakix®), dexamethasone (Ozurdex®)

Pharmacare has determined the following will be non-benefits.

| Drug name | pitolisant hydrochloride (Wakix®) | | |
|----------------|--|-----------------|------------------------|
| Date effective | August 15, 2023 | | |
| Indication | treatment of excessive daytime sleepiness or cataplexy in adult patients with narcolepsy | | |
| DINs | 02516241 02516268 | Strength & form | 5 mg and 20 mg tablets |

| Drug name | dexamethasone (Ozurdex®) | | |
|----------------|--|-----------------|-----------------------------|
| Date effective | August 17, 2023 | | |
| Indication | treatment of adult patients with diabetic macular edema who are pseudophakic and have had an inadequate response to prior anti-vascular endothelial growth factor therapy. | | |
| DINs | 02363445 | Strength & form | 0.7 mg Intravitreal Implant |

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 treats, 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 |
|-------------------------------|---------------------------------|---------------------------------------|
| elexacaftor/tezacaftor/ivacaf | cystic fibrosis, F508del CFTR | August 30 to September 26 at 11:59 pm |
| tor and ivacaftor (Trikafta®) | mutation, 2 years and older | |
| maralixibat (Livmarli®) | Alagille syndrome | August 30 to September 26 at 11:59 pm |
| efgartigimod alfa (Vyvgart™) | generalized myasthenia gravis | August 30 to September 26 at 11:59 pm |
| | (gMG) | |
| evinacumab (TBC) | homozygous familial | August 30 to September 26 at 11:59 pm |
| | hypercholesterolemia (HoFH) | |
| | | |
| somapacitan (Sogroya®) | growth hormone deficiency (GHD) | August 30 to September 26 at 11:59 pm |
| secukinumab (Cosentyx®) | hidradenitis suppurativa | August 30 to September 26 at 11:59 pm |



PharmaCare introduced the <u>Low Cost Alternative (LCA) Program</u> in 1994 to encourage the use of equally effective lower-cost drugs over more expensive or brand-name drugs. Read <u>PharmaCare Trends 2021-22 (PDF, 865KB)</u> for more PharmaCare facts!