# BC PHARMACARE Newsletter

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#### **DEXAMETHASONE SHORTAGE AND ITS USE IN COVID-19**

On May 1, 2020, dexamethasone oral tablets were designated as a Tier 3 shortage by the <u>Tier Assignment Committee</u>. No shortage has been identified for other formulations of dexamethasone. Tier 3 shortages are those that have the greatest potential impact on Canada's drug supply and health care system.

On June 26, 2020, the British Columbia COVID-19 Therapeutics Committee updated its Clinical Practice Guidance document to recommend dexamethasone in certain hospitalized patients, based on the preliminary report from the RECOVERY trial. The RECOVERY trial aims to identify treatments for hospitalized COVID-19 patients.

There is no evidence to support the use of dexamethasone in community-dwelling COVID-19 patients.

There is concern that recent news coverage has increased demand for dexamethasone in the community, potentially depleting access for patients with conditions for which it is known to be helpful or essential.

All health professionals play a role in the appropriate distribution of medications and to put evidence-based care above any patient pressures around unproven and potentially dangerous uses of medications. Pharmacists are reminded to ensure appropriate drug therapy when assessing patients and critically evaluating their prescriptions. These measures



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The use of PharmaNet is not intended as a substitute for professional judgment. Information on PharmaNet is not exhaustive and cannot be relied upon as complete. The absence of a warning about a drug or drug combination is not an indication that the drug or drug combination is safe, appropriate or effective in any given patient. Health care professionals should confirm information obtained from PharmaNet, and ensure no additional relevant information exists, before making patient care decisions.

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safeguard the best possible care for patients during the current global health pandemic. For more information, see the Joint Statement on the Unproven Therapies for COVID-19.

## TEMPORARY COVERAGE OF AN IMPORTED SALBUTAMOL METERED-DOSE INHALER

Effective July 3, 2020, a UK-labelled salbutamol metered-dose inhaler (MDI), manufactured by Teva and produced at the same location as the Canadian product, has been temporarily added as a regular benefit in PharmaNet.

Salbutamol is a bronchodilator that has seen increased demand across Canada since March 2020 due to COVID-19—related impacts. The temporary listing of the UK-labelled product follows amendments made to the Food and Drugs Act on March 25, 2020, that afforded Health Canada more provisional ability to support efforts against drug shortages, including limited importation of foreign products.

Pharmacists are to use **PIN 09858115** when entering the product into PharmaNet. As with other drug products during the COVID-19 emergency period, the distribution of this inhaler will be subject to <u>drug allocation strategies</u> to ensure sustainable supply. This product will be listed as a regular benefit and subject to the <u>Low Cost Alternative (LCA) program</u>. Please note that coverage is provided on a temporary basis and when the supply of salbutamol inhalers resumes to reasonable levels within the supply chain, or if the UK supply in Canada becomes depleted, coverage for this product will be removed.

See Health Canada's <u>Important Safety Information</u> for details on the importation of UK-labelled salbutamol. For up-to-date information on any drug shortages, consult <u>Drug Shortages Canada</u> or <u>PharmaCare Drug Shortage Information</u>. To track other COVID-19 related changes, see PharmaCare's <u>COVID-19 Information</u> for Pharmacies.

## CHRONIC OBSTRUCTIVE PULMONARY DISORDER (COPD) INHALER CRITERIA COVERAGE UPDATES

Effective July 7, 2020, PharmaCare has updated coverage of inhalers for the treatment of chronic obstructive pulmonary disease (COPD).

The updates align the therapeutic approach for COPD with current best clinical practices, improve patient outcomes and safety and ensure the appropriate use of healthcare resources.

#### The updates will:

- improve access to long-acting muscarinic antagonists (LAMA) by moving tiotropium (Spiriva® Respimat®) and umeclidinium (Incruse® Ellipta®) to regular benefits;
- continue Limited coverage for other LAMAs (Tudorza® Genuair®, Spiriva® Handihaler®, Seebri® Breezhaler®) with new criteria—failure on a minimum one-month trial of each of the Regular Benefit LAMA products;
- modify criteria for long-acting beta<sub>2</sub> agonists (LABA) to include diagnosis of COPD by spirometry and contraindications or intolerance to a LAMA;
- increase access to LAMA-LABA combination therapies for patients with moderate to very severe COPD by expanding the current forced expiratory volume (FEV<sub>1</sub>), after a six-month trial of either a LAMA or a LABA;

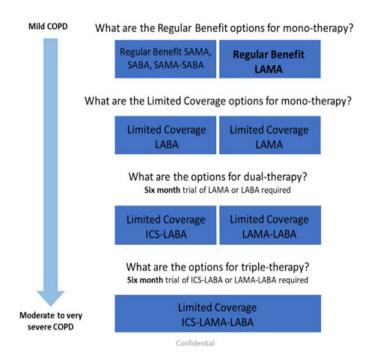
- modify criteria for inhaled corticosteroids (ICS)-LABA combination inhalers to include a diagnosis for moderate
  to very severe COPD by spirometry, history of exacerbations, and a six-month trial of either a LAMA or a LABA;
  and
- list fluticasone-umeclidinium-vilanterol (Trelegy® Ellipta®), the new triple-therapy fixed-dose combination inhaler (i.e., ICS-LABA-LAMA), as a Limited Coverage benefit for patients with moderate to very severe COPD diagnosed by spirometry, history of exacerbations, with a six-month trial of either a LAMA-LABA combination or an ICS-LABA combination.

The short-acting beta<sub>2</sub> agonists (SABAs), short-acting muscarinic antagonists (SAMAs) and SAMA-SABA combinations will remain regular benefits. There will be no changes to coverage for these drugs.

Patients with COPD currently covered for inhalers through PharmaCare will not have their current coverage affected.

COPD patients with PharmaCare coverage for ICS-LABA products before July 7, 2020 will automatically receive coverage for a LAMA-LABA product (no need for Special Authority).

Patients with PharmaCare coverage for triple therapy (ICS-LAMA-LABA through multiple inhalers: ICS+LABA+LAMA; ICS-LABA + LAMA; or LAMA-LABA + ICS) before July 7, 2020 will automatically receive coverage for Trelegy Ellipta (no need for Special Authority). All patients that use other combination inhalers will need to have their prescriber apply on their behalf for Special Authority.



More information about specific updated COPD drug coverage and patient coverage is available on the <u>COPD Inhaler</u> <u>Criteria web page</u> and <u>COPD Special Authority Criteria</u>.

### **BENEFITS**

The following products are now listed as regular benefits under Fair PharmaCare and Plans B, C, F, P and W:

| COVERAGE EFFECTIVE | July 7, 2020                                 |                   |                           |  |
|--------------------|--|-------------------|---------------------------|--|
| DRUG NAME          | tiotropium (Spiriva® Respimat®)              |                   |                           |  |
| INDICATION         | Chronic obstructive pulmonary disease (COPD) |                   |                           |  |
| DIN                | 02435381                                     | STRENGTH AND FORM | 2.5 mcg solution for oral |  |
|                    |  |                   | inhalation                |  |
| PLAN G BENEFIT     | No   | PLAN P BENEFIT    | Yes                       |  |

| COVERAGE EFFECTIVE | July 7, 2020                                 |                   |   |
|--------------------|--|-------------------|---|
| DRUG NAME          | umeclidinium (Incruse® Ellipta®)             |                   |   |
| INDICATION         | Chronic obstructive pulmonary disease (COPD) |                   |   |
| DIN                | 02423596                                     | STRENGTH AND FORM | 62.5 mcg dry powder for oral inhalation |
| PLAN G BENEFIT     | No   | PLAN P BENEFIT    | Yes                                     |

The following product has been added as a regular benefit for glucose monitoring under Fair PharmaCare and Plans C, F and W. The product can be entered in PharmaNet using the PIN for **Needles/Syringes—Insulin Use**.

| PRODUCT | Droplet Micron Insulin Needle |
|---------|-------------------------------|
| PIN     | 00999725                      |

### **LIMITED COVERAGE**

The following product has been added as a Limited Coverage benefit under Fair PharmaCare and PharmaCare Plans B, C, F, P and W:

| COVERAGE EFFECTIVE | July 7, 2020  |                   |  |  |
|--------------------|---|-------------------|--|--|
| DRUG NAME          | fluticasone-umeclidinium-vilanterol (Trelegy® Ellipta®) |                   |  |  |
| INDICATION         | Chronic obstructive pulmonary disease (COPD)            |                   |  |  |
| DIN                | 02474522  | STRENGTH AND FORM | 100 mcg/62.5 mcg/25 mcg<br>dry powder for oral<br>inhalation |  |
| PLAN G BENEFIT     | No  | PLAN P BENEFIT    | Yes  |  |