



For British Columbia's PharmaNet Users

**Quick Links**

Potential for Dosing Errors with Botox 200, 100 and 50 Unit Vial Sizes..... 1  
 Prevent one-DIN-per-drug-entity dosing errors.....2  
 Enter Correct Quantities for Botox When Submitting Claims .....2  
 New Notification Process Re: Errors in PHN Information .....2  
 Wireless Access to PharmaNet via Mobile Devices Prohibited .....2

Once again, the Ministry of Health Services would like to express our gratitude to all of the pharmacists, health service providers and support staff whose efforts ensured the efficient delivery of PharmaNet services over the weekend of January 22 – 23.

Your understanding, patience and commitment are appreciated by the Ministry and by the citizens you have dedicated yourselves to serving.

Thank you.

**Potential for Dosing Errors with Botox 200, 100 and 50 Unit Vial Sizes**

Botox vials from Allergan, Inc. are now available in 200 units per vial, 100 units per vial and 50 units per vial sizes. Because they contain the same concentration of active ingredient, all three sizes are identified with the same DIN (1981501) and appear in the PharmaNet system by default as 100 units per vial.

This could lead to dosing errors. Other practitioners, especially Emergency Department physicians and hospital pharmacists, rely on the information in the PharmaNet profile when determining what doses the patient has already had and what doses to re-prescribe.



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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.

## Prevent one-DIN-per-drug-entity dosing errors

To prevent dosing errors, restate the dose (including concentration) in the SIG field for display on PharmaNet (for example, "inject one 200 unit vial)."

**IMPORTANT:** The display size of the SIG field on PharmaNet is **only 80 characters long**, which may be much smaller than a pharmacy's local system. To ensure the dosage information appears on everyone's display, **place the information at the beginning of the field.**

## Enter Correct Quantities for Botox When Submitting Claims

To facilitate coordination of benefits, reimbursement for Botox is based on the cost per unit (rather than per vial). To ensure appropriate coverage:

- for a 200 unit vial, enter the quantity as 200
- for a 100 unit vial, enter the quantity as 100
- for a 50 unit vial, enter the quantity as 50

## New Notification Process Re: Errors in PHN Information

There are times when the information in a pharmacy-created Personal Health Number (PHN) record may contain errors or omissions and requires further investigation. Because access to patient information throughout the health care system depends on PHNs, incorrect PHN information is a serious problem.

Until now, Health Insurance BC staff telephoned pharmacy staff to identify and correct the information. Both HIBC and pharmacists spent considerable time just trying to connect with each other, and then spent more time trying to solve the issues. We have worked with HIBC to find a solution.

To reduce the time and inconvenience for both parties, HIBC will now notify pharmacists of PHN-related errors by faxed letter. Each letter will contain a description of the problem and instructions on how to address the problem. Pharmacists can complete the faxed forms at their convenience and then return them to HIBC by fax within five business days of receipt.

## Wireless Access to PharmaNet via Mobile Devices Prohibited

Please note that PharmaNet users must **not** access PharmaNet through a wireless mobile device, as this provides a security risk for patient information. For more information, see PharmaNet Bulletin 10-005 at [www.health.gov.bc.ca/pharmacare/bulletin/10005bul.pdf](http://www.health.gov.bc.ca/pharmacare/bulletin/10005bul.pdf) for details on

- the kinds of access that are allowed
- the formal process for implementing wireless access to PharmaNet.

**Note:** Health Canada's one-DIN-per-drug-entity policy may affect other drugs marketed in unit dose syringes, vials or packs of the same concentration but varying volumes. Pharmacists' best practice includes:

- re-stating the exact dose in the SIG field for other affected DINs
- ensuring doses are confirmed by a third party (e.g., patient, prescriber, hospital or clinic) before new orders are written and filled.