



BC PharmaCare Newsletter



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NEW REPORTING REQUIREMENTS FOR MEDICAL ASSISTANCE IN DYING

As of November 1, 2018, there are new reporting requirements for pharmacists and practitioners when assessing, prescribing, dispensing, or providing Medical Assistance in Dying (MAiD). The Ministry of Health is now the designated recipient of all federally and provincially required MAiD reporting.

These requirements have been established to adhere to new federal [*Regulations for the Monitoring of Medical Assistance in Dying*](#) and are supported by B.C.'s regulatory Colleges' practice standards.

For more information on these reporting changes, including the appropriate forms and reporting timeframes, please consult the Ministry's [MAiD information for healthcare providers](#). Questions can be directed to hlth.maidoversight@gov.bc.ca.



SHINGRIX: A NEW VACCINE FOR SHINGLES

The latest [Therapeutics Initiative Letter](#) summarizes the TI's systematic review of Shingrix, a two-dose adjuvanted herpes zoster vaccine approved for use in Canada since October 2017.

At this time, PharmaCare does not cover shingles vaccines as part of the Publicly Funded Vaccine program.

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.

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

PROCESS CLARIFICATION FOR SUBMITTING MAID CLAIMS

To ensure that MAiD-related claims are adjudicating properly, please ensure that you follow the procedure below when submitting a MAiD claim.

For an Oral Drug Regimen (with secondary Intravenous Regimen)

1. For the compounded preparation, use PIN 88000002 to claim the compounded preparation and compounding fee (the product cost includes the compounding fee).
2. In the SIG field, enter the compound as PB+CHLORHYD+MS ORAL CPD SUSP (MAiD).
3. For the other components, consult the [list of PharmaCare-covered products](#) before entering the claim. Enter a claim for each DIN using the DQ (Professional Fees Appropriate) intervention code.
4. To claim the Clinical Services Fee, use PIN 88000001 and enter \$60 in the Drug Cost Field. Only one Clinical Services Fee can be claimed.

For Intravenous Drug Regimens

As both the primary and secondary kits for the IV drug regimen are identical, PharmaCare can provide only one dispensing fee for each medication. To address this, PharmaCare covers a higher Clinical Services Fee for dispensing two intravenous regimens.

1. Enter each [DIN](#) using the DQ (Professional Fees Appropriate) intervention code. Enter only one claim for each medication, for a total of four claims. If the same components of both the primary and secondary kits are entered in separate claims, PharmaNet will reject the identical claims.
2. To claim a Clinical Services Fee, use PIN 88000000 and enter \$100 in the Drug Cost Field. Only one Clinical Services Fee can be claimed.

MIFEGYMISO PRE-STOCK EXPIRING SOON

Most pharmacies located in rural and remote areas received a pre-stock supply of Mifegymiso from the BC Centre for Disease Control in early 2018. Those kits will be expiring in January and February of 2019.

If your pharmacy has Mifegymiso stock that is unlikely to be dispensed before the expiry date, please consider transferring it to another pharmacy in your local or corporate community.

To reduce waste, PharmaCare may limit pre-stock of Mifegymiso in pharmacies that did not use their initial supply before the product expiration date.

FREQUENCY OF DISPENSING EXCEPTION FOR HOSPICE FACILITIES

Effective immediately, PharmaCare will accept pre-printed daily dispensing prescription forms for patients residing in hospice facilities licensed under the [Community Care and Assisted Living Act](#).

Normally, a physician's order for daily dispensing must be handwritten (as "Dispense Daily" or "Daily Dispensing") on the original prescription or included on a prescription generated from the physician's Electronic Medical Record system.

Under the [Frequency of Dispensing policy](#), PharmaCare limits the number of dispensing fees it covers when a prescriber orders daily dispensing, to a maximum of three dispensing fees per patient, per day.

PHARMACIES SUPPLYING LONG-TERM CARE FACILITIES

Contracted Plan B pharmacies must provide facility residents with all PharmaCare benefits that they require (except those provided by the facility). This includes both eligible medications (prescription and over the counter) and medical supplies (such as ostomy products).

If the Plan B pharmacy does not have the medications or supplies in stock, they cannot send the resident's family to purchase them from another PharmaCare provider. Mechanisms are available for stock transfers between pharmacies if a pharmacy cannot acquire a benefit item through their usual supplier.

Routine medical supplies, such as needles and syringes, blood glucose test strips, incontinence supplies, and insulin pump supplies are provided by the residential care facility, and do not need to be dispensed by the Plan B pharmacy.

A contracted Plan B pharmacy should be aware of the products that are benefits under Plan B, and PharmaCare policies that affect pricing and eligibility:

- Eligible over the counter medications must be charged at the defined PharmaCare benefit cost, not at a retail price.
- Ostomy supplies such as pastes, tapes, or skin care wipes are only benefits to ostomy patients. If the resident does not use ostomy pouches, they are not eligible for these products and they should not be processed to PharmaCare as a benefit claim.

Pharmacists can review a person's PharmaNet profile to determine their need for and eligibility for benefits, including items such as ostomy products. In accordance with policy and best practice, the pharmacist at the contracted Plan B pharmacy should review a long-term care facility resident's PharmaNet profile at all of the following opportunities:

- Upon admission to the long-term care facility.
- Upon the receipt of any new physician orders.
- Upon processing new non-prescription drug Plan B benefits.
- During mandatory 6-month reviews of the resident's medication regimen.

The contracted Plan B pharmacy is the only pharmacy with the facility code required for full coverage of Plan B benefits. If medications or supplies are processed by a non-contracted pharmacy, the resident or their family will incur unnecessary costs.

YOUR VOICE: PATIENT INPUT NEEDED FOR DRUG DECISIONS

The feedback and experiences of patients, caregivers, and patient groups is integral to [B.C.'s drug review process](#).

The Ministry depends on pharmacies and practitioners to help connect patients and their caregivers with opportunities to provide input. If you have a patient who is currently taking one of the drugs under review or who has the condition the new drug treats, please encourage them to visit www.gov.bc.ca/BCyourvoice.

| | |
|---------------------|-------------------------------|
| DRUG NAME | edaravone (Radicava™) |
| INDICATION | Amyotrophic lateral sclerosis |
| INPUT WINDOW | October 24–November 21, 2018 |

| | |
|---------------------|------------------------------|
| DRUG NAME | nusinersen (Spinraza™) |
| INDICATION | Spinal muscular atrophy |
| INPUT WINDOW | October 24–November 21, 2018 |

| | |
|---------------------|------------------------------|
| DRUG NAME | tofacitinib (Xeljanz®) |
| INDICATION | Ulcerative colitis |
| INPUT WINDOW | October 24–November 21, 2018 |

BENEFITS

Limited Coverage Drugs

The following drugs have been added as Limited Coverage Drugs under Fair PharmaCare and Plans B, C, F, and W.

| | | | |
|---------------------------|---------------------------------------|----------------------------|---------------|
| COVERAGE EFFECTIVE | October 30, 2018 | | |
| DRUG NAME | ivabradine (Lancora™) | | |
| INDICATION | For the treatment of heart failure | | |
| DIN | 02459973 | STRENGTH & FORM | 5 mg tablet |
| DIN | 02459981 | STRENGTH & FORM | 7.5 mg tablet |
| PLAN G BENEFIT? | No | | |
| PLAN P BENEFIT? | Yes | | |

| | | | |
|---------------------------|--|----------------------------|--------------|
| COVERAGE EFFECTIVE | October 30, 2018 | | |
| DRUG NAME | obeticholic acid (Ocaliva®) | | |
| INDICATION | For the treatment of primary biliary cholangitis | | |
| DIN | 02463121 | STRENGTH & FORM | 5 mg tablet |
| DIN | 02463148 | STRENGTH & FORM | 10 mg tablet |
| PLAN G BENEFIT? | No | | |
| PLAN P BENEFIT? | No | | |

| | | | |
|---------------------------|--|----------------------------|----------------|
| COVERAGE EFFECTIVE | October 30, 2018 | | |
| DRUG NAME | selexipag (Uptravi®) | | |
| INDICATION | For the treatment of pulmonary arterial hypertension | | |
| DIN | 02451158 | STRENGTH & FORM | 200 µg tablet |
| DIN | 02451166 | STRENGTH & FORM | 400 µg tablet |
| DIN | 02451174 | STRENGTH & FORM | 600 µg tablet |
| DIN | 02451182 | STRENGTH & FORM | 800 µg tablet |
| DIN | 02451190 | STRENGTH & FORM | 1000 µg tablet |
| DIN | 02451204 | STRENGTH & FORM | 1200 µg tablet |
| DIN | 02451212 | STRENGTH & FORM | 1400 µg tablet |
| DIN | 02451220 | STRENGTH & FORM | 1600 µg tablet |
| PLAN G BENEFIT? | No | | |
| PLAN P BENEFIT? | Yes | | |

| | | | |
|---------------------------|--|----------------------------|--|
| COVERAGE EFFECTIVE | October 16, 2018 | | |
| DRUG NAME | filgrastim (Grastofil®) | | |
| INDICATION | For the primary prophylaxis of febrile neutropenia in patients receiving certain types of chemotherapy. (Filgrastim is already covered for a number of other indications.) | | |
| DIN | 02441489 | STRENGTH & FORM | 300 µg/0.5 mL solution in pre-filled syringe |
| | 02454548 | | 480 µg/0.8 mL solution in pre-filled syringe |
| PLAN G BENEFIT? | No | | |
| PLAN P BENEFIT? | No | | |

Insulin Pump Supplies

The following products have been added as benefits for eligible patients.

| PIN | PRODUCT |
|------------|---|
| 46340033 | Medtronic Paradigm® Mio™ and Minimed® Mio™30 Infusion Set |

Non-Benefits

The following drug has been reviewed and will not be added as a PharmaCare benefit.

| DIN | DRUG |
|------------|--|
| 02442302 | levofloxacin (Quinsair ®) 240 mg/2.4 mL ampoules of solution for inhalation |