TEMPORARY AMENDMENTS TO PPP-58: ADAPTING A PRESCRIPTION

Effective May 7, 2020, the College of Pharmacists of BC (the College) temporarily amended Professional Practice Policy 58 (PPP-58): Medication Management (Adapting a Prescription) for the duration of the COVID-19 public health emergency. Under these amendments, pharmacists may:

- adapt a transferred prescription; and
- make a therapeutic substitution for a prescribed drug that is not included under PharmaCare’s Reference Drug Program, only in the case of an actual drug shortage* and when no interchangeable drug is available. When making a therapeutic drug substitution, pharmacists must be satisfied that the dose and the dosing regimen of the new drug selected will have an equivalent therapeutic effect, and that the substituted drug is within the same therapeutic class as the prescribed drug.

*Along with the required documentation for adapting a prescription, the pharmacist must also document evidence of the drug shortage (e.g., a report from drugshortagescanada.ca or a “no alternative available” status on PharmaCare’s Current Drug Shortages List).
PharmaCare clinical service fees will extend to these exceptional adaptations during the COVID-19 public health emergency period, from May 7, 2020.

**Note:** Therapeutic substitution does not apply to controlled drug substances or cancer chemotherapy agents. For more information, see the College’s news page about the amendments.

**PRIME LAUNCH**

On May 7, 2020, the Ministry of Health (the Ministry) launched the PharmaNet Revisions for Information Management Enhancements (PRIME) project. PRIME is a new way for health practitioners to request approval for PharmaNet access. PRIME is currently only used in a community practice setting (i.e., private practice clinic) by pharmacists, physicians and nurse practitioners, and individuals who access PharmaNet on their behalf.

PRIME consists of two new processes: user enrolment and site registration.

Community practitioners will need to complete an online user enrolment in PRIME when they join a new practice or need to update the information they provided when they requested access to PharmaNet through ComPAP or MPAP. The terms of access they sign in PRIME replace the ComPAP and MPAP agreements signed previously.

Community practices needing a new PharmaNet access site, or updating information for an existing site, will also go through a new site registration process.

**Which pharmacists would enrol in PRIME now?**

Only those in a community practice who need to:

- get new PharmaNet access
- update information
- access PharmaNet remotely

**Remote Access Policy for Community Practice Sites**

The Ministry has simultaneously released a new remote access policy to allow PharmaNet access at a location outside an approved community practice site, which was previously prohibited. To remotely access PharmaNet, the community practice must complete the new site registration process, and each practitioner requiring remote access must complete the user enrolment process in PRIME. The practice should first confirm that their PharmaNet software vendor is offering remote access.

Practitioners who already access PharmaNet at a private practice clinic and do not need remote access are not required to enrol in PRIME or complete a site enrolment process at this time. PRIME will be launched for all practitioners in a community pharmacy setting in future. The Ministry will advise of the onboarding schedule when confirmed.

For more information, visit [Community Health Practice Access to PharmaNet](#) or contact PRIME@gov.bc.ca.
DISCONTINUATION OF COUMADIN® IN CANADA

Due to unforeseen complications on the manufacturer’s end, the sale and distribution of all strengths of Coumadin® (warfarin sodium) tablets will be discontinued in Canada, the United States, Latin America, and Saudi Arabia beginning on June 1, 2020. Full discontinuation is expected by August 30, 2020.

Coumadin patients should be aware that warfarin generic alternatives remain available and covered under PharmaCare (refer to the Low Cost Alternative list). In B.C., Coumadin had a very small market share within the overall warfarin market, thus no supply chain issues or shortages are expected in relation to the discontinuation of this product.

LIMITED COVERAGE DRUGS

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

<table>
<thead>
<tr>
<th>COVERAGE EFFECTIVE</th>
<th>risankizumab (Skyrizi®)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRUG NAME</td>
<td>Moderate to severe plaque psoriasis in adults</td>
</tr>
<tr>
<td>DIN</td>
<td>02487454</td>
</tr>
<tr>
<td>STRENGTH AND FORM</td>
<td>75 mg/0.83 mL pre-filled syringe</td>
</tr>
<tr>
<td>PLAN G BENEFIT</td>
<td>No</td>
</tr>
<tr>
<td>PLAN P BENEFIT</td>
<td>No</td>
</tr>
</tbody>
</table>

NON-BENEFITS

The following products have been reviewed and will not be listed as PharmaCare benefits for the indications specified:

<table>
<thead>
<tr>
<th>DECISION DATE</th>
<th>PRODUCT</th>
<th>DIN</th>
<th>STRENGTH/FORM</th>
<th>INDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 5, 2020</td>
<td>guselkumab (Tremfya®)</td>
<td>02469758</td>
<td>100 mg/1 mL pre-filled syringe</td>
<td>Moderate to severe plaque psoriasis in adults</td>
</tr>
<tr>
<td></td>
<td>guselkumab (Tremfya® One-Press™)</td>
<td>02487314</td>
<td>100 mg/1 mL patient-controlled injector</td>
<td></td>
</tr>
</tbody>
</table>