

# BC PHARMACARE NEWSLETTER

Edition 20-014

July 22, 2020



## In this edition

UPCOMING EMPAGLIFLOZIN (JARDIANCE®) SHORTAGE: A PROACTIVE COMMUNICATION .....	1
Important for Pharmacists .....	2
TEMPORARY COVERAGE OF AUSTRALIAN PROPYLTHIOURACIL (PTU) .....	2
BILLING FOR UNUSED MAiD KIT MEDICATIONS RETURNED TO STOCK DUE TO SHORTAGE.....	2
PROSTHETICS AND ORTHOTICS (P&O) Updates .....	3
Ocular, Nose, and Ear Prostheses .....	3
Hip Abduction Orthoses.....	3
Retaining Client Information for Audit .....	3
POINT-OF-CARE TESTING POLICY .....	4
NON-BENEFITS .....	4

## UPCOMING EMPAGLIFLOZIN (JARDIANCE®) SHORTAGE: A PROACTIVE COMMUNICATION

On July 9, 2020, Boehringer Ingelheim Canada proactively reported to Drug Shortages Canada an expected shortage of empagliflozin (Jardiance®) 25 mg (package size 90). At this time, supplies of empagliflozin 10 mg (package sizes of 30 and 90), empagliflozin 25 mg (package size of 30) and all strengths of empagliflozin-metformin (Synjardy®) are not affected.

This shortage will be temporary and is due to a production disruption related to COVID-19; it is not related to product quality or safety. Depending on the strength and package size, the shortage is expected to last from one to five weeks.

The PharmaCare Newsletter is published by the Pharmaceutical Services Division to provide information to British Columbia's health care providers.

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](http://www.gov.bc.ca/pharmacarepharmacists) | [www.gov.bc.ca/pharmacareprescribers](http://www.gov.bc.ca/pharmacareprescribers) | [www.gov.bc.ca/pharmacaredeviceproviders](http://www.gov.bc.ca/pharmacaredeviceproviders)

### Important for Pharmacists

To preserve supply and ensure that the maximum number of patients continue to have access to empagliflozin, it is strongly recommended that pharmacists limit the dispensing of all empagliflozin products to one month's supply (30 days) for each patient until this shortage is resolved.

## TEMPORARY COVERAGE OF AUSTRALIAN PROPYLTHIOURACIL (PTU™)

---

On July 17, 2020, an Australian-labelled propylthiouracil (PTU™) tablet, manufactured by Phebra Pty Ltd., was temporarily added as a regular benefit to mitigate the critical shortage of PTU (see [PharmaCare Newsletter 20-012](#)). Currently, there is no remaining inventory of the Canadian PTU product at the manufacturer or distributor level after the sole Canadian product was discontinued in December 2019.

PTU is a thyroid inhibitor essential to the treatment of hyperthyroidism in special populations (e.g., pregnant women during their first trimester, and patients for whom methimazole or radioiodine therapy or surgery are contraindicated). Alternative treatments cannot be used in these populations.

The temporary listing of the product follows amendments made to the *Food and Drugs Act* on March 25, 2020, which grant Health Canada provisional abilities to support efforts against drug shortages, such as allowing the exceptional importation of foreign products.

This drug will be distributed by McKesson Canada. Pharmacists are to use **PIN 09858122** when entering the Australian-labelled PTU into PharmaNet. As with other drugs in shortage during the COVID-19 emergency, this product will be subject to [drug allocation strategies](#) to ensure sustainable supply.

It is still recommended that pharmacists:

- Conserve supplies of PTU consistent with their patient needs
- Consider dispensing 30 days' supply per fill
- Share inventory with pharmacies that have patients requiring PTU, if they still have inventory but don't have patients on this medication
- Stay alert for new announcements and updates on this drug shortage

For more information on the importation of the Australian-labelled PTU tablet, please refer to the Phebra Canada Inc. [website](#). For up-to-date information on any drug shortages, consult [Drug Shortages Canada](#) or [PharmaCare Drug Shortage Information](#).

## BILLING FOR UNUSED MAiD KIT MEDICATIONS RETURNED TO STOCK DUE TO SHORTAGE

---

Unused injectable drugs previously dispensed for a medical assistance in dying (MAiD) kit may be returned to stock and re-dispensed during the COVID-19 public health emergency, if there is a medication shortage, and if the requirements of the College of Pharmacists of BC's [temporary exemption to the Health Professions Act bylaws](#) are met.

If the exemption criteria for reuse of a MAiD medication are met, pharmacists should follow this process for PharmaCare billing and PharmaNet entry:

1. Return the unused MAiD medication to pharmacy stock. Do not destroy.
2. Reverse the original prescription on PharmaNet: adjust quantities on the original claim and rebill to reflect the original dispense date and actual amount of medication the patient used.
3. Bill to PharmaCare as usual when the item is re-dispensed (since the original billing of the returned item has been reversed).

For kit components that do not meet the exemption criteria, there would be no change to the original claim, and the components would be destroyed as usual.

Note: PharmaCare is not to be billed for the same item more than once.

## PROSTHETICS AND ORTHOTICS (P&O) UPDATES

---

### Ocular, Nose, and Ear Prostheses

Effective August 1, 2020, PharmaCare will expand the list of devices that do not require pre-approval. The list will include as regular benefits: replacement ocular prostheses, and replacement nose and ear prostheses. All initial devices still require pre-approval by PharmaCare. Clients are eligible for replacement coverage for one ocular, nose, and/or ear prosthesis every 36 months, providing their circumstance meets the respective criteria. For clients outside the eligibility criteria, exceptional coverage is provided on a case-by-case basis following the standard pre-approval process ([section 7](#) of the P&O manual). For more information, see [section 2.4.2](#) of the P&O Manual.

Providers are responsible for ensuring that clients confirm with HIBC if they are approved for PharmaCare benefits should they suffer loss of their eye, ear or nose due to an injury, illness or other condition that was caused by an act or omission of another person.

### Hip Abduction Orthoses

Effective August 1, 2020, PharmaCare will provide hip abduction orthoses benefits without pre-approval for registered infants aged 12 months or younger. A hip abduction orthosis is a custom-fit brace that keeps the client's knees bent in a flexed position and thighs spread apart. In infants, this posture facilitates normal growth and corrects the development of a hip joint. To qualify, the client must be diagnosed with hip dysplasia by an orthopedic specialist and have not previously received PharmaCare coverage for a hip abduction brace. Newborn babies that are not yet connected to their parents' PharmaCare plans should have their invoices submitted manually to HIBC to allow for the alignment of registration and payment. For more information, see [Section 5.8](#) of the P&O manual.

### Retaining Client Information for Audit

PharmaCare requires that all information proving the client was eligible for prosthesis or orthosis coverage be retained in the client's file and made available at the time of PharmaCare audit. The information includes a copy of or the original prescription and any rationale for dispensing a replacement prosthesis or orthosis. Providers should also keep a copy of the PharmaCare invoice, as is required for all device dispenses. Failure to retain and disclose this information may hold the device provider liable for costs of the item or service, as well as any other associated costs.

## POINT-OF-CARE TESTING POLICY

The Ministry of Health has published a policy on point-of-care testing (POCT). As a type of patient-centric diagnostic testing, POCT can be performed near the patient, enabling rapid test results, and conducted in settings such as a pharmacy, a clinic, a physician's office, or other facilities outside the purview of health authorities.

The Community-Based Point-of-Care Testing Policy provides guidance to all community-based point-of-care settings where POCT is deployed. Its objective is to enable quality and safe access to POCT for British Columbians, and to provide a foundation for health profession regulatory colleges seeking to establish POCT standards of practice. To read the complete policy, see [Community-Based Point-of-Care Testing Policy](#).

## NON-BENEFITS

The following products have been reviewed and will not be listed as PharmaCare benefits in the forms below:

<b>DATE EFFECTIVE</b>	July 14, 2020		
<b>DRUG NAME</b>	lisdexamfetamine (Vyvanse®)		
<b>INDICATION</b>	Attention deficit hyperactivity disorder (ADHD)		
<b>DIN</b>	02490226	<b>STRENGTH AND FORM</b>	10 mg chewable tablet
	02490234		20 mg chewable tablet
	02490242		30 mg chewable tablet
	02490250		40 mg chewable tablet
	02490269		50 mg chewable tablet
	02490277		60 mg chewable tablet