BC PharmaCare Newsletter

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In this edition

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

PCNs can be authorized to certify patients for blood glucose monitoring training

Primary care networks (PCNs) may now offer blood glucose monitoring training, once they are authorized by their health authority and approved by the Ministry of Health.

Until now, only diabetes education centres (DECs) operated by health authorities could provide blood glucose monitoring training. Since not every community has a DEC, patients sometimes travel substantial distances to get training.

This means people with diabetes will have more opportunities to get trained and receive a Confirmation of Training in Blood Glucose Monitoring certificate. The certificate is required for PharmaCare coverage of blood glucose test strips.

Pharmacists may see PCN branding on the blood glucose test strip coverage vouchers presented at the counter. As with vouchers provided by DECs, please fax copies of both sides to Health Insurance BC at 250 405-3587.

Established in 2017 and authorized by health authorities, PCNs are geographically circumscribed clinical networks of primary care service providers. For more information about PCNs underway in B.C., see the BC Ministry of Health News website.

Private community health practices can soon register in PRIME

In a few days, private community health practices can now register as PharmaNet sites in PRIME. PRIME is an online application through which healthcare professionals and private community health practices apply to the Ministry of Health for approval to access PharmaNet. Previously, sites downloaded paper forms to register.

Any private community health practice is welcome to register in PRIME but under certain circumstances, site registration may be mandatory for community health practices now accessing PharmaNet.

Which sites register in PRIME?

A private community health practice must register in PRIME if they:

- Are adding a new PharmaNet access site.
- Are changing PharmaNet software vendors.
- Need to update information.
- Have practitioners wanting remote access to PharmaNet (only available to physicians or nurse practitioners in private community health practices).

What is a site?

A site is a combination of the practice's physical location and PharmaNet access software. So, a single clinic using two PharmaNet software packages from two different vendors would have two sites.

How does a site register?

The organization that operates the site needs to identify a Signing Authority to register the site. This individual is normally legally able to bind the site to the terms of the Organization Agreement for PharmaNet Use, which is signed in PRIME. The Signing Authority will first need to set up a mobile BC Services Card on a mobile device.

For the full steps and requirements for registering a site in PRIME, see Community Health Practice Access to PharmaNet. Read more about PRIME.

FNHA enrols thousands of new Plan W clients

A recent initiative by First Nations Health Authority (FNHA), which manages enrolment for eligible First Nations into Plan W, successfully enrolled over 7,700 First Nations individuals into the plan. These individuals previously had drug coverage through FNHA's Pacific Blue Cross Plan.

Why a First Nations client may not have Plan W coverage

The main reasons a First Nations person may not be enrolled for Plan W coverage are:

- They recently moved to B.C.
- They are a newborn.
- They do not have active MSP.
- They may be working or attending school out-of-province.
- They reside in communities near provincial borders, with the closest pharmacy in Alberta or Yukon (these individuals are covered under FNHA's Pacific Blue Cross drug plan, which mirrors Plan W).
- They receive health benefits by way of a First Nations organization through self-government agreements with Canada (e.g., Nisga'a, Inuit, Bigstone).

If you have clients in one of the first three groups, please advise them to contact FNHA for support.

Pharmacists are reminded that all FNHA clients continue to have access to FNHA's Supplementary Formulary (PDF, 799KB) through Pacific Blue Cross.

For any questions about Plan W enrolment or to help a client enrol, please call FNHA at 1 855 550-5454.

Immunization records in PharmaNet now available in Panorama

As of January 18, 2021, immunization records entered in PharmaNet are automatically shared to Panorama, the provincial public health information system for managing communicable diseases, outbreaks, immunizations and vaccine inventory. In B.C., several health authorities use Panorama. The Ministry's Immunization Data Transfer project will also soon export B.C. patients' historical immunization records in PharmaNet to Panorama, dating back to 1995.

Until now, patient vaccine records in Panorama were often incomplete, lacking immunizations administered in pharmacies. This meant that, for example, a community nurse working in a health unit would not know if a patient had already received a flu shot at a pharmacy. They now can reference a patient's best possible immunization history.

As pharmacy and other clinical user software which retrieve PharmaNet patient profiles show only up to the past 14 months of dispense history, the export of historical records will support patient care delivery, especially for immunizations that require boosters past the 14-month timeframe, such as for tetanus.

Since PharmaNet records will now be incorporated into a patient's official immunization record, it is important for pharmacists to enter them accurately. To improve the quality of immunization records submitted to PharmaNet:

- Submit the record only after the vaccine has been administered to the patient.
- The directions or SIG should ideally include the lot, expiry, dose, route and site of injection.
  For example: Lot:1234_Exp:20210131_Inject 0.5mL intramuscularly into the left deltoid.
- The quantity entered should reflect the volume administered to the patient.

There is a short delay between immunizations being submitted to PharmaNet and being recorded in Panorama—this is to offset the impact of PharmaNet reversals. Eventually, immunization records will also flow from Panorama to Health Gateway, where B.C. residents can access them.

Reminders

Submitting the actual acquisition cost for blood glucose test strips

It's important to enter the appropriate unit price (per strip) based on the actual acquisition cost (AAC), noting that standard-size (50 or 100) blood glucose test strip boxes are supplied at different prices. Per Section 5.7 of the PharmaCare Policy Manual, PharmaCare reimbursement will not exceed the provider's AAC for the product up to a maximum price based on the manufacturer list price, plus 7% markup. Overpayments made as a result of claims submitted above the AAC will be subject to recovery.

E.g., A Freestyle Lite (50 strips/box) is listed at $0.7918 per strip compared to the larger 100-strip box listed at $0.7383 per strip. If dispensing the larger box, enter the product's AAC ($0.7383 x 100 = $73.83) into the PharmaNet Drug Cost field, minus any volume rebates or free goods received. Actual freight costs can be included in the AAC. Any product cost in excess of the PharmaCare maximum price should be entered into the Drug Upcharge field.

Additional NRT products through FNHA

Nicotine replacement therapy (NRT) products are available to all B.C. residents through PharmaCare Plan S (Smoking Cessation). The First Nations Health Authority (FNHA) offers additional NRT coverage through the Supplementary Formulary (PDF, 799KB) available via Pacific Blue Cross.

First Nations clients wanting to quit commercial tobacco may be interested in the FNHA patient information sheet: Coverage for Products to Quit the Use of Commercial Tobacco (PDF, 186KB).

Reporting correct number of days' supply of risankizumab

All claims submitted to PharmaNet must have the correct number of days' supply for the dispensed quantity of drug. This is especially important when submitting a claim for certain medications, such as risankizumab, where the effect of a single dose can last from 28 to 84 days. This is also true of other biologics (e.g., infliximab, adalimumab, vedolizumab) which have an induction and maintenance schedule. As per Schedule F, Part 1, section 11(2) of the *Health Professions Act* (PDF, 282KB), the patient record must include the intended duration of therapy, specified in days. Entering the correct number of days' supply ensures the proper adjudication of claims.

As noted in the PharmaCare Policy Manual, section 5.1, claims with an inaccurate days' supply may be subject to audit and recovery.

Example

risankizumab (Skyrizi™) 75 mg/0.83 mL

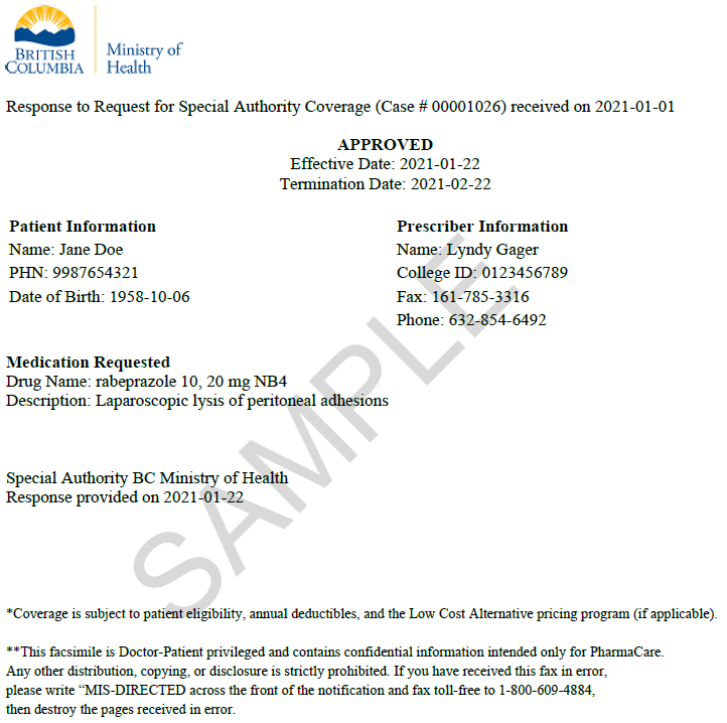
- Comes in a box containing two pre-filled syringes (1 dose) for $5,181.75
- Dose for plaque psoriasis: 150 mg (2 x 75 mg injections) at week 0; at week 4 (28-day interval); and every 12 weeks (84-day interval) thereafter

The first dose must be entered with a 28-day supply. The days' supply for the second and third dose must be changed to the intended duration, which is the 84-day supply. If this change is not done, the claim will not adjudicate properly and the patient may not receive the maximum coverage by PharmaCare.

Special Authority Transformation news: decision notifications now digitized

The Special Authority Transformation project is underway, and the first significant change is to the notifications that prescribers receive when a Special Authority (SA) request is denied or approved. With our SA team electronically adjudicating SA requests as of early February, you may notice a change in the appearance of SA approval or denial notifications about SA coverage decisions, specifically for ARBs, PPIs, as well as bupropion and gliclazide.

Please visit the Special Authority web page for more information about the digitization project.



BRITISH COLUMBIA | Ministry of Health

Response to Request for Special Authority Coverage (Case # 00001026) received on 2021-01-01

APPROVED
Effective Date: 2021-01-22
Termination Date: 2021-02-22

Patient Information
Name: Jane Doe
PHN: 9987654321
Date of Birth: 1958-10-06

Prescriber Information
Name: Lyndy Gager
College ID: 0123456789
Fax: 161-785-3316
Phone: 632-854-6492

Medication Requested
Drug Name: rabeprazole 10, 20 mg NB4
Description: Laparoscopic lysis of peritoneal adhesions

Special Authority BC Ministry of Health
Response provided on 2021-01-22

SAMPLE

*Coverage is subject to patient eligibility, annual deductibles, and the Low Cost Alternative pricing program (if applicable).

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Non-benefits

The following product has been reviewed and will not be listed as a PharmaCare benefit for the indication(s) specified:

PRODUCT	INDICATION
AeroChamber2go™ Anti-Static Valved Holding Chamber (aVHC) with Mouthpiece	Treatment of asthma and COPD

Regular benefits

The following products have been added as regular benefits to account for the discontinuation of ranitidine injections:

DRUG NAME	famotidine injection (Famotidine Omega)		
COVERAGE EFFECTIVE	January 21, 2021		
INDICATION	Famotidine is indicated in the treatment of the following conditions where a controlled reduction of gastric secretion is required: 1. Treatment of acute duodenal ulcer; 2. Prophylactic use in duodenal ulcer; 3. Treatment of acute benign gastric ulcer; 4. Treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison Syndrome); 5. Treatment of gastroesophageal reflux disease (GERD); 6. Maintenance of remission of patients with GERD. Famotidine injection is indicated in some hospitalized patients with pathological hypersecretory conditions or intractable ulcers, or as an alternative to the oral dosage form for short-term use in patients who are unable to take oral medication		
DIN	02247745	**STRENGTH AND FORM**	10 mg/mL vial, injection
	02247735		10 mg/mL vial, injection
PLAN G BENEFIT	No	**PLAN P BENEFIT**	Yes

Your Voice: Patient input needed for drug decisions

The knowledge and experience 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 give input. If you have a patient currently taking one of the drugs under review or who has the condition the new drug treats, please encourage them to visit http://www.gov.bc.ca/BCyourvoice.

Currently input is needed for the following:

DRUG	fremanezumab (Ajovy®)
INDICATION	prevention of migraine in adults (who have at least 4 migraine days per month)
INPUT WINDOW	January 20—February 17, 2021