

BC PHARMACARE NEWSLETTER

Edition 21-006

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The PharmaCare Newsletter team works from the territory of the Lekwungen peoples, including the Songhees and Esquimalt Nations. Our gratitude extends to them, and all the Indigenous peoples on whose territories and lands we build relationships.

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The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood 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.



Advance notice: PharmaNet reversal window returns to 120 days

Pharmacies are advised that the PharmaNet claims reversal window will return to 120 days on August 1, 2021. This means that providers will again have 120 days from the date of dispense to reverse a claim. In March 2020, to reduce calls to the PharmaNet Help Desk at a time of reduced capacity due to COVID-19 restrictions, the reversal window was [extended to 180 days](#).

Please be reminded that reversed claims are only appropriate in specific circumstances, such as if there has been an error (e.g. wrong PIN) or transmission issue. For more about when and how to reverse claims, see [Section 3.16](#) of the PharmaCare Policy Manual.

New Controlled Prescription Program form

A new form, available this month, merges the generic Controlled Prescription Program (CPP) form (for most controlled prescriptions) and the methadone CPP form.

The new harmonized CPP form means

- A consistent approach to writing prescriptions for all 1A drugs
- Increased patient access to OAT therapy (currently only prescribers of OAT have methadone CPP forms)
- Reduced administrative burden associated with ordering/printing two pads for 1A drugs

The new form does not require prescriber authorization for delivery, which reflects the College of Pharmacists of BC's [Professional Practice Policy – 71 \(Delivery of Opioid Agonist Treatment\)](#), whereby pharmacists may use their professional judgement to determine whether to deliver OAT to a patient. Instead, the new form allows prescribers to specify when delivery is **not** permitted.

Note: Prescribers may continue to use the prescription pads they have. The phase-out of the current CPP forms is expected to take several years.

For questions about the new harmonized CPP forms contact your College.

More information can also be found at www.bcpharmacists.org/readlinks/new-controlled-prescription-program-form-coming-soon.

Free community antimicrobial stewardship continuing education course

The BC Centre for Disease Control's Community Antimicrobial Stewardship program has recently launched a self-directed online course that provides community-based practitioners (including physicians, nurse practitioners and pharmacists) with the latest evidence and treatment guidelines for the use of antibiotics in primary care, and basic principles and strategies for antimicrobial stewardship in a community setting.

The course is broken into 13 short individual modules which can be completed on your own schedule, and is completely free of charge. The course is certified for 3.5 Mainpro+ credits through the College of Family Physicians of Canada.

You can [access the course](#) now on the PHSA LearningHub. (Note: you will need to log in or create a LearningHub account in order to access the course).

Questions about the course? Email info@antibioticwise.ca

Colleges' joint apology to Indigenous people

On May 11, 2021, B.C.'s largest regulatory health colleges issued a joint apology to Indigenous people and communities who have experienced racism while engaging with the colleges and the professionals they regulate.

In the apology, the College of Pharmacists of BC, the College of Physicians and Surgeons of BC, the BC College of Nurses and Midwives, and the College of Dental Surgeons of BC recognize that Dr. Mary Ellen Turpel-Lafond's [In Plain Sight](#) report provided evidence of "widespread fear and mistrust of the health-care system due to the prevalence of stereotypes, discrimination, racism and abuse experienced by Indigenous people," and of limited access to treatment, which "negatively affects the health and wellness of Indigenous people."

The regulators commit to specific actions they will take, with guidance from Indigenous elders and professionals, towards eliminating racism in health care and to build trust with Indigenous people.

The full statement can be found on the [College of Pharmacists of BC's website](#).

PRIME and new employees

PRIME is an online application through which all PharmaNet users (sites and individuals) apply for Ministry of Health approval to do so.

Health care providers hiring new staff that will use PharmaNet to provide direct patient care should:

- Make sure new staff are enrolled in PRIME or have legacy access (see below) before they access PharmaNet
- Make sure their PRIME approval email is sent to your PharmaNet administrator (the person who sets up PharmaNet access at your site, or requests someone else to do this, e.g. a software vendor, corporate IT department)

If a new employee does not have access to PharmaNet

If a new employee has never had access to PharmaNet, or did not have access on November 30, 2020, they must enrol in PRIME and be granted access by the Ministry of Health. Enrolling in PRIME takes about 15 minutes. Employees must first set up their mobile BC Services Card on a mobile device.

If a new employee is already enrolled in PRIME

A new employee may already be enrolled in PRIME, and they may or may not be accessing PharmaNet at a different health care site. In either case:

1. Identify a staff member who will be your site's PharmaNet administrator (see second bullet above).
2. Give the employee your PharmaNet administrator's email address.

3. Have your new employee go into PRIME and have their approval notification email sent to the PharmaNet administrator.
4. The PharmaNet administrator completes details about the employee and your practice/pharmacy, and forwards the enrolment approval to a software vendor or corporate IT to create a PharmaNet account.

If a new employee is not enrolled in PRIME but accesses PharmaNet at other sites

PharmaNet users who had access on November 30, 2020 are “legacy users”. They will need to enrol in PRIME sometime before April 2022.

BEST PRACTICE: Some health care sites require all new employees to enrol in PRIME, even if they are legacy users. You may wish to consider this method of streamlining and standardizing PharmaNet access at your site.

Key resources: [PRIME](#) web page (includes hand-outs for new employees)

Reminders

Select correct transaction when updating patient address

When updating a patient’s address in PharmaNet, it’s possible to inadvertently request a profile mailing. Doing so will automatically mail the patient’s profile to them, though they didn’t request it.

Please ensure you use the correct transaction to update the patient’s address. Select “update address” and not “request profile mailing.”

Nurses can prescribe OAT

Registered nurses (RNs) and registered psychiatric nurses (RPNs) can now prescribe some opioid agonist treatments (OAT) and adjunct medications. Pharmacists are starting to see prescriptions from RNs and RPNs for buprenorphine/naloxone (Suboxone®). Unfortunately, some pharmacies are unsure how to enter the claim into PharmaNet or for other reasons are not filling prescriptions written by RNs and RPNs.

PharmaNet Instructions

The prescriber IDs for RNs and RPNs are active in PharmaNet and in the current releases of all vendor software; difficulties entering claims would be due to out-of-date software on the local pharmacy system. Contact your software vendor and corporate/chain IT department to confirm you have the most recent update installed.

When entering these prescriptions into PharmaNet, pharmacists will need:

- The 5-digit prescriber ID issued by the BC College of Nurses and Midwives. This number:
 - Is not related to the College licence number
 - Should be on the duplicate pad prescription (if it isn’t, contact the prescriber)
 - Starts with zeroes. E.g. 000XX
- The practitioner reference ID (see table)

Prescriber	Pract Ref ID	Prescriber ID (5 digits, starts with zeroes)
Registered nurse (RN)	R9	e.g. 00010, 00018
Registered psychiatric nurse (RPN)	Y9	e.g. 00010, 00018

Nurses' prescribing authority was expanded in October 2020 to help British Columbians access OAT. In 2020, more than 1,700 people in B.C. died of suspected illicit drug toxicity. Turning away a patient can seriously disrupt patient treatment.

Please see [PharmaCare Newsletter 20-019](#) for more details about nurses prescribing OAT.

Devices/supplies

Effective June 9, 2021, the following insulin pump supplies are added to the list of [PharmaCare-covered infusion sets](#). Actual coverage is subject to the rules of a patient's PharmaCare plan.

PRODUCT NAME	PIN	DESCRIPTION
MiniMed™ Mio™ Advanced infusion set	46340039	MiniMed™ Mio™ Advanced (6mm and 9mm cannula, 18", 23" or 43" tubing, P-CAP) Infusion Sets (10 cannulas/10 tubing)
	46340040	MiniMed™ Mio™ Advanced (6mm and 9mm cannula, 23" or 43" tubing, luer lock) Infusion Sets (10 cannulas/10 tubing)

Limited coverage benefits

Effective May 18, 2021, the following letermovir products are covered as limited benefits under the DINs below. Please note letermovir is not covered in its intravenous form (see [Non-benefits](#)):

DRUG NAME	letermovir (Prevymis®)		
DATE EFFECTIVE	May 18, 2021		
INDICATION	For the prophylaxis of cytomegalovirus (CMV) infection in adult CMV-seropositive recipients (R+) of an allogeneic hematopoietic stem cell transplant (HSCT).		
DIN	02469375	STRENGTH AND FORM	240 mg tablet
	02469383		480 mg tablet
PLAN G BENEFIT	No	PLAN P BENEFIT	No
HIGH-COST LISTING	Yes	ALLOWABLE MARKUP	5%

Non-benefits

The following products have been reviewed and won't be listed as PharmaCare benefits:

NON-BENEFIT DECISION DATE: May 11, 2021		
PRODUCT	STRENGTH AND FORM	DIN
dupilumab (Dupixent®)	300 mg/2 mL syringe	02470365
	200 mg/1.14 mL pre-filled syringe	02492504

NON-BENEFIT DECISION DATE: May 18, 2021		
PRODUCT	STRENGTH AND FORM	DIN
letermovir (Prevymis®)	20 mg/mL intravenous	02469367
	20 mg/mL (480 mg/24 mL) intravenous	02469405

NON-BENEFIT DECISION DATE: May 25, 2021		
PRODUCT	STRENGTH AND FORM	DIN
naltrexone HCl/bupropion HCl (Contrave®)	8 mg/90 mg extended release tablets	02472945

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>.

DRUG	budesonide-glycopyrronium-foterol-fumarate (Breztri Aerosphere™)
INDICATION	chronic obstructive pulmonary disease (COPD)
INPUT WINDOW	May 19 to June 16, 2021

DRUG	cancer-associated thrombosis (CAT) therapeutic review survey
INDICATION	CAT
INPUT WINDOW	May 19 to June 16, 2021

DRUG	elexacaftor-tezacaftor-ivacaftor (Trikafta®)
INDICATION	cystic fibrosis (CF) in patients aged 12 years and older
INPUT WINDOW	May 19 to June 16, 2021

DRUG	upadacitinib (Rinvoq™)
INDICATION	psoriatic arthritis in adults
INPUT WINDOW	May 19 to June 16, 2021

PharmaCare Scripts

As mentioned in [PharmaCare Newsletter 21-005](#), PharmaCare Scripts is a new newsletter segment featuring fictional narratives of pharmacist-patient encounters to highlight less common PharmaCare policies and procedures. We acknowledge that these stories won't depict the only way to handle certain situations, as pharmacies across B.C. have varying management styles and software packages. However, they may offer helpful guidance and inspire solutions.

Did you resolve an interesting pharmacy case, or do you have a question about applying a specific PharmaCare policy? Share your story or inquiry with PharmaCareInfo@gov.bc.ca and you might see a relevant PharmaCare Script posted!



Emergency fill: original prescription expiring

Stevie has been working as a community pharmacist in Terrace, B.C. for 20 years. They were just thinking that it's been a few slow days at the pharmacy when the phone rings. A frantic voice is on the other end.

"Stevie, this is Elaine. I need to get my dextroamphetamine prescription renewed but can't get an appointment with my doctor."

Stevie knows dextroamphetamine can't be adapted because it's a controlled drug, and asks Elaine to come into the pharmacy.

Soon, Elaine is waiting anxiously at the pharmacy. She isn't able to see her doctor until Thursday, and her prescription runs out the next day – Tuesday. "Stevie, you know I've been coming here regularly to get my prescriptions filled, but I've been busy lately, and I didn't realize my supply was so low! I rely heavily on these drugs. It'll be difficult for me to work without them."

Since Elaine was to meet her doctor soon, Stevie thinks the best option is to submit a 3-day emergency fill, to tide her over until her appointment.

In the PRACT ID Ref field on PharmaNet, Stevie enters **P1**, indicating the College of Pharmacists of BC. In the PRACT ID field, they enter their College ID. They then use the intervention code **NN**, for emergency supply of medication. Although emergency fills aren't eligible for a clinical services fee, Stevie knows continuity of care is necessary for Elaine, and the importance of documenting the dispense.