

BC PHARMACARE NEWSLETTER

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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.

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.

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



PharmaCare covers a continuous glucose monitor

For the first time, [PharmaCare has added a continuous glucose monitor \(CGM\)](#) to its formulary. Coverage is available to B.C. residents 2 years of age and older who:

- Are diagnosed with diabetes mellitus
- Meet the criteria for Special Authority coverage
- Are registered for Fair PharmaCare and/or covered by the First Nations Health Benefits (Plan W) or Income Assistance (Plan C), or Children in the At Home Program (Plan F) PharmaCare plans.



Adrian Dix, Minister of Health, announced on June 11, 2021, “Thousands of British Columbians will benefit from coverage of continuous glucose monitors, which will allow patients to stay on top of their glucose levels with an easy, convenient system and will help patients and their health-care providers make better treatment decisions.” PharmaCare coverage is expected to benefit almost 20,000 people each year in the first three years.

The Dexcom G6 CGM System adheres to a person’s abdomen or upper buttock. A small sensor inserts into the skin and measures glucose in the interstitial fluid just below the skin. A transmitter fastened to the sensor sends readings every 5 minutes to a reader or smartphone to show glucose trends. Patients are alerted if glucose levels are outside of, or moving outside of, a pre-defined, safe range, which enables patients or their caregivers to take corrective action sooner, especially for those unable to recognize or communicate about hypoglycemia. The Dexcom G6 CGM empowers patients to adjust medications, activity, and food intake in time, and stay within target glycemic range.

The Dexcom G6 sensor must be replaced every 10 days, and the transmitter needs to be replaced every 90 days. Therefore, PharmaCare covers 39 sensors per year and 4 to 5 transmitters per year. Sensors are available in boxes of 3.

Special Authority

The [Dexcom G6 CGM System](#) will be a limited coverage benefit, meaning coverage is available to people with diabetes who meet the Special Authority criteria. Full coverage will be provided to people through Plan C, Plan F, or Plan W, and Fair PharmaCare if they have met their deductible and family maximum.

Initial Special Authority approval is for 1 year. Prescribers then submit a second request. Renewed coverage is for 5 years.

Blood glucose test strips (BGTS)

CGMs do not require the patient to prick their finger to test glucose levels using blood glucose test strips (BGTS). However, people using CGMs sometimes need to test with a strip if their symptoms don’t match the monitor reading, or if their monitor is showing an error code. PharmaCare will cover up to 200 BGTS annually for CGM users. Children using a CGM may qualify for additional strips.

Your Voice

The coverage decision was made with the input of patients, caregivers and patient groups through [Your Voice](#), an online public survey hosted by the Ministry of Health. Input was sought on both CGMs and flash glucose monitors (FGMs).

The Your Voice survey received an unprecedented response from British Columbians. Endocrinologists, representatives from diabetes education centres in every health authority, Nursing Support Services at the BC Children’s Hospital, and patient advocacy groups were also consulted.

“We are grateful for the record number of British Columbians who provided input during our review of continuous glucose monitors,” said Minister Dix.

PIN

PRODUCT	PIN
Dexcom G6® Sensor	43120002
Dexcom G6® Transmitter	43120003

More information:

- [BC Government news release](#)
- [Diabetes Supplies](#)
- [Coverage criteria](#)
- [Decision summary](#)
- [Diabetes product information numbers \(PIN\)](#)

New Intervention Code for vaccine products not administered in pharmacy

The Provincial Immunization Registry (PIR) has reported duplicate records of dispensed immunization products. This can occur when a product is dispensed at a pharmacy but administered elsewhere (e.g. a clinic).

PIR gets immunization data from PharmaNet, health authorities, and sites integrated with the Panorama system. Accurate vaccine administration reporting is critical to tracking by PIR.

Effective immediately, pharmacists must use the intervention code “**IM**” (Immunization Not Administered in Pharmacy) when dispensing any vaccine product that will be administered at a different location by a different practitioner. For example, injected by a doctor at their clinic. Using the intervention code will prevent these records from being transmitted to the PIR.

The code doesn't apply when the same pharmacist dispenses the product and administers it at a different location or time. In such cases, pharmacists should follow the existing process for submitting immunization records on PharmaNet, and ensure the actual date of service is correct.

For a complete list of PharmaNet intervention codes and when to use them, please see the PharmaCare Policy Manual, [Appendix B – Intervention Codes](#).

Drug shortages

Temporary coverage of biosimilar enoxaparins due to Lovenox® shortages

Effective June 25, 2021, enoxaparin biosimilars Redesca® and Inclunox® were temporarily added to PharmaNet as limited coverage benefits due to a shortage of Lovenox®. Enoxaparin is used for the treatment and prophylaxis of venous thromboembolism. Patients must still meet the Special Authority criteria for enoxaparin for coverage of these biosimilars. These biosimilars are not interchangeable with Lovenox and will require a new prescription.

Lovenox, in all strengths, remains a regular limited coverage benefit. Sanofi has put Lovenox on allocation and it's still available from wholesalers in limited quantities.

This is only temporary coverage and, as such, the biosimilar support fee of \$15 does not apply.

When counseling patients on use of enoxaparin, it's important to note the safety mechanism on the syringe. To activate the safety mechanism for Inclunox and Redesca: after injecting, remove the needle by pulling it straight out while keeping pressure on the plunger rod. Then press firmly on the plunger. This activates the protective sleeve, which will completely cover the needle. An audible click confirms it is in place. Lovenox does not require a second push on the plunger; if the syringe has been emptied completely during injection, a protective sleeve will automatically cover the needle as the needle is pulled out.

For up-to-date information on any drug shortages, consult [Canadian Drug Shortages](#) and the [PharmaCare Drug Information](#) web page.

Temporary addition in PharmaNet of imported depot medroxyprogesterone acetate (DMPA)

Effective June 25, 2021, US-labelled medroxyprogesterone acetate (Depo-Provera®) 150 mg/mL pre-filled syringe was temporarily added as a regular benefit in PharmaNet. The prefilled syringe contains the same amount of active ingredient compared to the authorized Canadian vial product. The PFS has a 22-gauge x 1 1/2 inch Terumo® SurGuard™ Needle whereas the vial formulation doesn't include any needles. Pharmacists are to use **PIN 09858134** when entering the product into PharmaNet.

On March 18, 2021, DMPA was added to Health Canada's Tier 3 drug shortages list as an anticipated shortage for July 2021. As a result, on March 31, 2021, Pfizer's US-labelled DMPA was added to the [List of drugs for exceptional importation and sale during the COVID-19 pandemic](#).

This shortage is due to a disruption in manufacturing, with production expected to resume by June 2022.

For up-to-date information on any drug shortages, consult [Canadian Drug Shortages](#) and the [PharmaCare Drug Information](#) web page.

Pharmacies can record multiple prescribers on one Frequent Dispensing Authorization (FDA) form

The Frequent Dispensing Authorization form (HLTH 5378) has been updated so that pharmacies can record the names of all prescribers notified when a pharmacist initiates frequent dispensing for a patient. Previously, pharmacists filled out a separate form for each prescriber notified.

The form's Pharmacist Declaration of Prescriber Notification section now has room for the names of six prescribers, the dates they were notified, and the authorizing pharmacist's initials.

For pharmacist-initiated frequent dispensing, pharmacies must notify the physician(s) who prescribed the drugs being dispensed.

- See the updated [Frequent Dispensing Authorization form \(HLTH 5378\)](#)
- See the updated [PharmaCare Policy Manual, section 8.3](#)

Prosthetics and Orthotics: osseointegration coverage

Effective July 6, 2021, PharmaCare provides osseointegration (OI) benefits for transtibial (below knee) clients who have undergone osseointegration implant surgery. Since September 2019, PharmaCare has provided benefits for transfemoral (above knee) osseointegration clients.

OI refers to the direct structural and functional connection between living bone and the surface of a load-bearing (usually metal) implant. OI benefits include the development of a treatment plan for the client, education about the device and how to maintain it, device fitting and alignment, functionality assessments, and a 90-day warranty.

PIN (Left)	PIN (Right)	Abbreviation	Level of Amputation	Maximum Reimbursement
77123559	77123558	TT-Osseo	Transtibial osseointegration	By approval

- For more information, see [Section 5.2.3](#) of the Prosthetic & Orthotic Policy Manual.
- For related PharmaCare PINs, see the [Reimbursement Schedule for Definitive Sockets](#).
- For examples of components, with manufacturer PINs, see the [Reimbursement Schedule for Osseointegration Components](#) list.

Health Canada advisory: NSAIDs for pregnant women

Canada is advising that pregnant women not use non-steroid anti-inflammatory drugs (NSAIDs) from approximately 20 to 28 weeks of pregnancy unless advised to do so by their healthcare professional.

Following a safety review, [Health Canada has confirmed](#) that NSAIDs—such as acetylsalicylic acid (aspirin), ibuprofen, naproxen, diclofenac and celecoxib —used from approximately 20 weeks of pregnancy or later may cause rare but serious kidney problems in the unborn baby. This can lead to low levels of amniotic fluid and possible complications such as impaired lung maturation and loss of joint movement.

The U.S. Food and Drug Administration has [more substantial information](#) about these conditions.

BC Centre on Substance Use clinical bulletin: benzodiazepines and opioids

On June 8, BCCSU released and posted *Clinical Bulletin: Benzodiazepines and Opioids*. The bulletin highlights the risks associated with the emergence of benzodiazepine-adulterated drugs in the street opioid supply. It provides guidance for the care of individuals who have been exposed to benzodiazepines through adulterated opioids.

- Read BCCSU's [Clinical Bulletin: Benzodiazepines and Opioids](#)

Plan G bridge coverage now available in urgent circumstances

Coverage for psychiatric and substance use medications is now available more quickly to those with urgent need.

Practitioners in emergency departments (EDs), Rapid Access Addiction Clinics (RAACs), urgent primary care centres (UPCCs), and correctional centres (both provincial and federal) can apply for Plan G bridge coverage, using a new section of the Plan G form. They then send the form **directly to Health Insurance BC**. Plan G forms are normally sent to a mental health and substance use centre for processing before being sent on to HIBC.

Plan G bridge coverage is provided to patients for 3 months. During that time, to continue coverage, they are to see a practitioner in their community to apply for regular Plan G coverage. Regular Plan G coverage is available for up to one year at a time. A patient can be registered for Plan G bridge coverage as many times as is needed.

Bridge coverage and exceptional coverage

In 2019, Plan G exceptional coverage was added to the back of the Plan G form instead of requiring a separate letter. Exceptional coverage is available for a single 3-month term for new B.C. residents, who are either in the wait period for Medical Services Plan coverage or about to apply. Exceptional coverage is not renewable. MSP enrolment is a requirement for further coverage (i.e. regular 1-year Plan G coverage).

A practitioner may apply for exceptional coverage and bridge coverage for the same patient at the same time with a single form, sent directly to HIBC.

By adding bridge coverage, PharmaCare is making sure more people have access to Plan G. The expedited administrative process means Plan G coverage can be activated more quickly.

- See the [new Plan G form \(HLTH 3497\)](#)
- [Instructions](#) for filling out the Plan G form
- Read more about Plan G bridge coverage in the [PharmaCare Policy Manual, section 7.7](#)

Special Authority backlog and how to reduce delays

The BC PharmaCare Special Authority team is currently experiencing a higher-than-normal volume of requests. This backlog is partly due to the concurrent Special Authority transformation project and the digitization of all application forms as eForms. We expect to get these cases under control soon and, ultimately, return adjudication decisions faster than ever.

In the meantime, prescribers can help reduce the processing times. Last month, Special Authority returned 27% of requests due to incomplete applications. Please make sure that:

- All request form fields are completed
- Writing is legible
- Forms are signed
- Diagnosis is included
- You submit a request **once** only; a second request for the same item adds time, as it will be initially processed as a new request

Prescribers can look up a drug's criteria listed on the [Special Authority web page](#).

Note: At this time, any incomplete applications will be rejected and returned.

Please do not fax requests for status updates. These also pose an administrative burden. Instead, contact HIBC using the PharmaCare Medical Practitioner Line (toll-free: 1-866-905-4912).

In spite of the backlog, the Special Authority Transformation project is progressing quickly. All of our forms have been digitized (eForms). The team is currently pilot-testing online Special Authority submissions with a small group of health authority prescribers and clinical pharmacists. Users test everything from look and feel, to functionality. There will be further testing with different users; we look forward to reaching out for volunteers when the time comes.

The Ministry of Health will provide information soon on how to enrol for access to the eForms platform. Enrolment allows Special Authority to validate user access.

Thank you for your patience while we work on delivering a better and faster submission and adjudication system.

Reminders

Community pharmacists are eligible for CareConnect

[CareConnect](#) is B.C.'s secure, view-only electronic health record (EHR). Healthcare providers can view patient information, including immunization records, lab results, and imaging reports, to support direct patient care. For a full list of clinical data provided by CareConnect, see [Vancouver Coastal Health](#).

Approximately 400 pharmacies and over 700 pharmacists have already enrolled in and gained access to CareConnect. Please complete the Provincial Health Authority Services (PHSA) [intake survey](#) in order to enrol your pharmacy. (Note: "clinic/worksites" includes pharmacies.)

Google Chrome is the recommended browser for survey completion.

PharmaCare Newsletter PDFs

The PharmaCare Newsletter has always been available in PDF format. Based on our readership survey results, some readers thought the HTML newsletter had replaced the PDF version. You can still access PDFs from now back to 2009 by scrolling to the bottom of the [Newsletter web page](#).

Expanding a year will give you a list of all the PDFs from that year.

Previous Newsletters

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2021	▼
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2019	▼
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Enter a keyword or phrase to search



If searching for a past newsletter, please try our PharmaCare Newsletter search bar at the top of the [web page](#). Enter a keyword or phrase you might be looking for (e.g. "Biosimilars Initiative").

Limited coverage benefits

Effective June 15, 2021, coverage for dalteparin has been expanded to include the dosage strength below:

DRUG NAME	dalteparin (Fragmin®)		
DATE EFFECTIVE	June 15, 2021		
INDICATION	For the treatment of venous thromboembolism		
DIN	02494582	STRENGTH AND FORM	16,500 IU prefilled syringe
PLAN G BENEFIT	No	PLAN P BENEFIT	No
HIGH-COST LISTING	Yes	ALLOWABLE MARKUP	8%

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	givosiran (Givlaari®)
INDICATION	acute hepatic porphyria (AHP) in adults
INPUT WINDOW	June 23 to July 21, 2021

DRUG	incobotulinumtoxin A (Xeomin®)
INDICATION	chronic sialorrhea (drooling) associated with neurological disorders in adults
INPUT WINDOW	June 23 to July 21, 2021

DRUG	luspatercept (Reblozyl®)
INDICATION	myelodysplastic syndromes-associated anemia
INPUT WINDOW	June 23 to July 21, 2021

DRUG	risperidone (Perseris®)
INDICATION	schizophrenia in adults
INPUT WINDOW	June 23 to July 21, 2021

PharmaCare Newsletter survey results

Thank you to all who participated in the PharmaCare Newsletter survey (closed May 27).

Your insights have already contributed to content changes. For instance, we now have [PharmaCare trivia](#) and more practice reminders in the form of [articles](#) and the monthly [PharmaCare Script](#).

For your interest, here are some results the survey found:

- Millennials! 59% readers are aged 25 to 44
- 34% identify as non-Indigenous visible minorities
- 65% are pharmacists
- 89% learn more about PharmaCare via the newsletter
- 52% readers want to see more visuals
- 90% look for policy updates



PharmaCare Facts

You said it, we heard it! The PharmaCare Newsletter survey results show that 53% of readers are interested in PharmaCare trivia. Going forward, you can expect factual tidbits popping up in some issues. They might look something like this:

Did you know?

In 2019-2020, PharmaCare paid coverage on more than 99% of the 1,148 eligible drugs dispensed in B.C.
Find more stats like this in [2019-2020 PharmaCare Trends!](#)

PharmaCare Scripts

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!



Travel Supply

Jay lives in Qualicum Beach and is planning to visit his daughter Marie and granddaughter Kara in Saskatoon after being apart during the COVID-19 pandemic. He's looking forward to helping Kara get ready for kindergarten.

Jay wants to know if his [Fair PharmaCare plan](#) will cover his blood pressure medication while he is outside British Columbia. He visits his local pharmacy and talks to his pharmacist, Ida.

Jay: I'm leaving for Saskatchewan in a few days. I can't wait to see my granddaughter.

Ida: I'm excited for you! How long will your visit be?

Jay: Three months—until the end of October. I'm wondering, if I get my prescription for my blood pressure medication filled in Saskatoon, is it still covered by PharmaCare? Should I save my receipts?

Ida: You're only covered by PharmaCare for prescriptions filled in B.C. PharmaCare can't reimburse you for medications bought outside the province. However, I may be able to fill your prescription in advance, so you have enough medication for the duration of your trip.

Ida checks Jay's prescription records in PharmaNet and sees that Jay still has 20 days' supply remaining from his last fill of ramipril. She looks up ramipril in the [PharmaCare Formulary Search](#) and checks the max-days'-supply-per-fill column. The max days' supply is 100. Normally, Jay wouldn't be covered for a prescription refill if he had more than 14 days' supply remaining. But Ida knows that PharmaCare's [Travel Supply Policy](#) allows one top-up every six months, no matter how much of a fill remains, to the maximum fill allowed for that drug.

Ida: I can provide you with an additional 80 days' worth of supply that will be covered by PharmaCare. That should give you enough for your trip.

Jay: That's great! That's one fewer thing for me to think about.

Ida gives Jay a Travel Declaration Form (she recently requested a new batch from Health Insurance BC). Jay fills out the form with dates of his trip, signs it, and returns it to Ida.

Ida dispenses an additional 80 days' supply and enters the intervention code "MV-Vacation Supply" in PharmaNet to process the travel supply claim.

Since Jay has met his deductible and family maximum for the year, the cost of his travel supply of ramipril is fully covered by Fair PharmaCare.