

BC PHARMACARE NEWSLETTER

Edition 20-006

April 1, 2020



In this edition

DIRECT-ACTING ORAL ANTICOAGULANTS NOW COVERED FOR NEW PATIENTS	1
SA EXTENSIONS FOR COVID-19 COVERAGE: GROUP 2 DRUGS.....	2
CARE FOR PEOPLE WHO USE DRUGS DURING DUAL PUBLIC HEALTH EMERGENCIES	4
Delivery of Controlled Substances (including OAT)	4
Documentation Requirements.....	5
URGENT COVERAGE NEEDS FOR FIRST NATIONS HEALTH AUTHORITY CLIENTS.....	5
MIFEGYMISO® (mifepristone-misoprostol) SUPPLY	5
LIMITED COVERAGE BENEFITS	6
HIGH COST DRUG(S).....	6
YOUR VOICE: PATIENT INPUT NEEDED FOR DRUG DECISIONS.....	6

DIRECT-ACTING ORAL ANTICOAGULANTS NOW COVERED FOR NEW PATIENTS

Effective March 30, 2020, PharmaCare's Limited Coverage Criteria for direct-acting anticoagulants (DOACs) are changing for the duration of the COVID-19 pandemic. Patients newly starting anticoagulation treatments are no longer required to try warfarin.

Warfarin is the long-established anticoagulation treatment for the prevention of ischemic strokes in patients with atrial fibrillation (AF), and the treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE). However, its use requires frequent lab testing when therapy is started, which may not be desirable for social distancing during the COVID-19 pandemic. DOACs are as effective as warfarin in treating the aforementioned indications and do not require lab testing as frequently.

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.



SA EXTENSIONS FOR COVID-19 COVERAGE: GROUP 2 DRUGS

As mentioned in [PharmaCare Newsletter 20-005](#), Special Authority approvals have been automatically extended in PharmaNet for many limited coverage drugs expiring between March 19—July 1, 2020. Issue 20-005 listed the first priority drugs to be extended until October 1, 2020. The second priority group, also extended until October 1, 2020, is listed below by drug and indication. **Note:** This list is incomplete as of April 1, 2020. Any more drugs added to this list will be highlighted in the next newsletter.

If a patient needs an extension for a limited coverage drug that is not on a list of those extended to October 1, you are unable to confirm its renewal with the prescriber, and you are adapting to refill the prescription, please call the PharmaCare Help Desk at 1 800 554-0225.

GENERIC MEDICATION NAME	BRAND NAME
abatacept for polyarticular juvenile idiopathic arthritis	Orencia®
abatacept for rheumatoid arthritis	Orencia®
adalimumab for ankylosing spondylitis	Humira®
adalimumab for Crohn's disease	Humira®
adalimumab for polyarticular Juvenile Idiopathic Arthritis	Humira®
adalimumab for psoriasis	Humira®
adalimumab for psoriatic arthritis	Humira®
adalimumab for rheumatoid arthritis	Humira®
adalimumab for hidradentis suppurativa (HS)	Humira®
adalimumab for ulcerative colitis	Humira®
alitretinoin	Toctino®
certolizumab for the treatment of ankylosing spondylitis	Cimzia®
certolizumab for the treatment of psoriatic arthritis	Cimzia®
certolizumab for the treatment of rheumatoid arthritis	Cimzia®
dalteparin	Fragmin®
dimethyl fumarate	Tecfidera™
enoxaparin	Lovenox®
etanercept	Enbrel®, Brenzys™, Erelzi™
filgrastim	Grastofil®

fingolimod	generics, Gilenya® (partial benefit)
glatiramer acetate	Glatect®
golimumab	Simponi®
infliximab	Inflectra™, Renflexis™,
interferon beta-1a	Avonex®, Rebif®
ixekizumab	Taltz™
nadroparin	Fraxiparine®
natalizumab	Tysabri®
obeticholic acid	Ocaliva®
rituximab	Rituxan®
secukinumab	Cosentyx®
somatropin	Genotropin®, Humatrope®, Norditropin Nordiflex®, Nutropin AQ®, Omnitrope®, Saizen®
supportive care for cancer treatment	Grastofil® pre-filled syringe
tinzaparin	Innohep®
tocilizumab for the treatment of giant cell arteritis	Actemra®
tocilizumab for the treatment of polyarticular juvenile idiopathic arthritis	Actemra®
tocilizumab for the treatment of rheumatoid arthritis	Actemra®
tocilizumab for the treatment of systemic juvenile idiopathic arthritis	Actemra®
tofacitinib	Xeljanz®
ustekinumab	Stelara®
vedolizumab	Entyvio®

CARE FOR PEOPLE WHO USE DRUGS DURING DUAL PUBLIC HEALTH EMERGENCIES

Prior to the COVID-19 pandemic, British Columbia was experiencing a public health emergency in the form of the opioid overdose crisis, in effect since April 2016. This crisis is ongoing, and complicated by the COVID-19 situation. While the COVID-19 pandemic affects the ability of everyone to interact safely with others, people who use drugs (PWUD) are especially vulnerable due to the combination of co-morbidities (often respiratory), their high risk of contracting or spreading the COVID-19 virus while obtaining their drugs, and the risks associated with withdrawal from those drugs.

To support the Provincial Health Officer's orders for social distancing and self-isolation related to COVID-19, including people with previously-untreated substance use disorders, the BCCSU has prepared [Clinical Guidance for Risk Mitigation in the Context of Dual Health Emergencies](#). This document is intended to guide prescribers assisting PWUD to access safe alternatives to illicit substances they were using prior to the pandemic. All measures are intended to reduce barriers to access, interpersonal contact, and the risk of either health emergency worsening the other; prescribers and pharmacists are urged to keep this intent in mind when interacting with PWUD. These measures are a public health approach to help reduce the spread of COVID-19 and reduce its impacts not only on PWUD, but on our communities, our health system, our healthcare workers, and all British Columbians.

Telemedicine is covered by MSP in British Columbia, and patients may connect with physicians using such a service to obtain a prescription appropriate to prevent withdrawal during self-isolation and/or to enable social distancing. Prescribers may now fax or phone these prescriptions to a pharmacy identified by the patient, and subsequently deliver the original paper duplicate prescription to the pharmacy for the pharmacy's required record-keeping. Pharmacies may fill and deliver the prescriptions to patients following procedures below.

In addition to existing therapies for alcohol use disorder and opioid use disorder, the BCCSU guidance now recommends use of 8 mg hydromorphone tablets for opioid use disorder, methylphenidate or dextroamphetamine for stimulant use disorder, and lorazepam or diazepam for benzodiazepine use disorder. Except where noted in the guidance document, the specific medications recommended by the BCCSU are regular benefits under Fair PharmaCare and Plans C, G, and W. The Plan G registration process permits physicians to sign on patients' behalf if they are unable to do so; consultation in a telemedicine or otherwise remote fashion with a patient fits this definition.

Delivery of Controlled Substances (including OAT)

To prevent unnecessary personal interactions, a temporary exemption to the federal [Controlled Drugs and Substances Act has been issued](#) to allow pharmacy staff to deliver controlled substances.

In BC, with respect to delivery of OAT medications, PPP-66 of the College of Pharmacists directs that delivery of OAT medications be by the pharmacist, and this remains in effect. The College of Pharmacists of British Columbia updated [PPP-71](#) on March 17, 2020, allowing pharmacists to initiate delivery of OAT medications when appropriate, rather than requiring prescriber pre-approval. For OAT medications, prescribers must now be notified as soon as is practical that delivery has commenced, and delivery must cease if the prescriber indicates it is not permitted.

When delivering to a patient in self-isolation, please ensure to follow safe procedures that allow you to deliver the medications, identify the patient, confirm receipt of the medications, and maintain a 2m distance.

Documentation Requirements

Pharmacies receiving verbal orders for controlled drugs and substances from a prescriber must record the prescription details in the patient's file (either paper or electronic). Please see the [College of Pharmacists of BC's website](#) for detailed documentation instructions.

A pharmacist's decision to deliver OAT must also be stored in the patient's file. These records must indicate the individual who performed the delivery, the address delivered to, time of delivery, and the patient's acceptance of the drug.

URGENT COVERAGE NEEDS FOR FIRST NATIONS HEALTH AUTHORITY CLIENTS

First Nations Health Authority (FNHA) aims to support continuity of treatment and immediate coverage for eligible benefit items. The [Transitional Coverage Request](#) (TCR) is a manual claim process that reimburses pharmacists for a one-time fill, allowing additional time for providers to address the coverage issue. The updated form has a checkbox to indicate whether the coverage issue is COVID-19 related and can support timely coverage to reduce gaps in care.

FNHA will reimburse pharmacists a \$10 service fee in addition to the drug cost and dispensing fee (up to the PharmaCare maximum). This pharmacist's fee also extends transitional coverage for medical supply and equipment items that are urgent and eligible for coverage. The following PIN will show on your payment statement from our partner Pacific Blue Cross: **3642005** – TCR payment.

Plan W provides the most comprehensive drug coverage for FNHA clients. If an FNHA client does not have Plan W as their primary drug plan, then the pharmacist can submit a TCR with the client's PHN, status number, date of birth and address, indicating that the client requires Plan W enrolment. In this scenario, FNHA will reimburse pharmacists a \$10 service fee. The following PIN will show on your payment statement from Pacific Blue Cross: **3642006** – MSP enrolment payment.

For any questions about Transitional Coverage Requests, please contact FNHA at 1-855-550-5454.

MIFEGYMISO® (mifepristone-misoprostol) SUPPLY

Due to widespread use of distributor allocation systems, pharmacies ordering Mifegymiso® may not receive their order. Please be aware that Mifegymiso is not in short supply in Canada. Distributors are generally shipping based on historical use, and Mifegymiso orders may not meet that threshold. Please contact your wholesaler directly when you place orders for Mifegymiso if your pharmacy does not have an established historical order level consistent with your current order.

LIMITED COVERAGE BENEFITS

The following product(s) have been added as Limited Coverage Drugs under Fair PharmaCare (Plan I) and Plans B, C, F, and W:

COVERAGE EFFECTIVE	April 1, 2020		
DRUG NAME	rivaroxaban (Xarelto®)		
INDICATION	concomitant coronary artery disease and peripheral artery disease		
DIN	02480808	STRENGTH AND FORM	2.5 mg tablet
PLAN G BENEFIT	No	PLAN P BENEFIT	No

COVERAGE EFFECTIVE	April 1, 2020		
DRUG NAME	benralizumab (Fasenra®)		
INDICATION	adult patients with severe eosinophilic asthma		
DIN	02473232	STRENGTH AND FORM	30 mg/mL pre-filled syringe
PLAN G BENEFIT	No	PLAN P BENEFIT	No

HIGH COST DRUG(S)

The following product(s) have been added to the list of [designated high cost drugs](#):

COVERAGE EFFECTIVE	April 1, 2020		
DRUG NAME	benralizumab (Fasenra®)		
INDICATION	adult patients with severe eosinophilic asthma		
DIN	02473232	ALLOWABLE MARKUP	5%

YOUR VOICE: PATIENT INPUT NEEDED FOR DRUG DECISIONS

The feedback and experiences 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 provide input. If you have a patient who is 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	vedolizumab (Entyvio®)
INDICATION	ulcerative colitis
FORMULATION	subcutaneous injection
INPUT WINDOW	March 18—April 15, 2020