

BC PHARMACARE NEWSLETTER

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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.



Newsletter survey!

We invite readers to take a [survey](#) about the PharmaCare Newsletter so we can improve your reading experience. We want to deliver a newsletter that you find useful and engaging.

The survey takes about 5-10 minutes to complete, and submissions are anonymous and confidential. Your time and participation are greatly appreciated.

[Take the survey](#)

COVID-19 vaccine rollout to community pharmacies

As of Wednesday, March 31, 2021, Immunize BC is partnering with community pharmacies in B.C. to provide vaccinations for COVID-19. Pharmacies are being notified as they are selected, and as phases continue, more stores and more geographical areas will be engaged. The list of stores selected to provide vaccinations for COVID-19 can be found here: [B.C. Pharmacies Offering COVID-19 Vaccinations](#).

The BCPHA, with the Ministry of Health, has created a guide with details about PharmaNet data entry (unique to the COVID-19 vaccine), inventory tracking using your office use medication PHN (O-Med), cold-chain reporting, reimbursement, after-care and how to manage and report adverse events following immunization (AEFI), how to prevent and report wastage, and other details essential to pharmacies administering the vaccine.

Note: Pharmacists must check a patient's PharmaNet profile and resolve any issues identified, if required, in advance of providing the vaccination.

- See the [COVID-19 Immunization Guide for B.C. Pharmacies](#)
- For vaccine PINs, see [Publicly Funded Vaccines](#)
- See the list of engaged pharmacies at [B.C. Pharmacies Offering COVID-19 Vaccinations](#)

On March 29, 2021, the National Advisory Committee on Immunization (NACI) recommended a pause in the use of the AstraZeneca/COVISHIELD vaccine in all people under 55 years of age in Canada until more information is available on the rare events of blood clots seen in some countries in Europe.

- NACI's [Recommended use of AstraZeneca COVID-19 vaccine in younger adults](#)
- BCCDC's [Use of AstraZeneca and COVISHIELD vaccines in people under 55 years of age](#)
- BCCDC's letter to doctors re. [Updated Recommendations for AstraZeneca and COVISHIELD Vaccines \(PDF\)](#)
- BCCDC's [Update to Communicable Disease Control Manual, Chapter 2: Immunization, Part 4 – Biological Products, Appendix A – Informed Consent for Immunization and Appendix E – Management of Biologicals \(PDF\)](#)

Pharmacy technicians join immunization campaign

Provincial Health Officer (PHO) Dr. Bonnie Henry issued an order on March 14, 2021 authorizing pharmacy technicians and other healthcare professionals, including dentists, midwives, retired nurses, and nursing students, to perform specific activities to assist with COVID-19 immunizations. All must have appropriate training.

Pharmacy technicians can prepare vaccines, including drawing doses from a vial, while dentists and midwives, for example, can assess patients, determine their suitability for the vaccine, prepare and administer the vaccine and monitor the patient post-immunization.

For a full list of who can now help with COVID-19 immunizations, the scope of their permitted activities, and the training they must complete, see [Regulated And Unregulated Health Professionals Sars-Cov-2 Immunization – March 14, 2021](#).

Health professionals and other eligible professionals who want to participate in the immunization campaign, including those already authorized by the PHO, may register online through the [COVID-19 Emergency Health Provider Registry \(EHPR\)](#). Please note not everyone may be contacted, depending on the needs in each region.

Biosimilars Initiative: adalimumab (Humira®) and etanercept (Enbrel®)

The next phase of the [Biosimilars Initiative](#) is focused on PharmaCare patients taking adalimumab (Humira®) and etanercept (Enbrel®). In a six-month period from April 7 to October 6, 2021, PharmaCare is switching coverage from these originator biologics to an approved biosimilar option for the conditions included below:

Switch period: April 7, 2021 to October 6, 2021		
Originator	PharmaCare-covered biosimilar	Conditions Include
adalimumab (Humira®)	Amgevita® Hadlima®* Hulio® Hyrimoz®* Idacio®	ankylosing spondylitis Crohn's disease hidradenitis suppurativa (for adults) plaque psoriasis (for adults) polyarticular juvenile idiopathic arthritis psoriatic arthritis rheumatoid arthritis ulcerative colitis
etanercept (Enbrel®)	Brenzys® Erelzi®	plaque psoriasis (for adults)

*Hadlima and Hyrimoz aren't yet approved to treat pediatric Crohn's disease

Please note that criteria for the above limited coverage drugs and/or indications have been updated as of April 7, 2021.

All PharmaCare patients taking Humira, or patients taking Enbrel for plaque psoriasis, must meet with their prescriber to start the switching process if they wish to keep their PharmaCare coverage. During the switch period, both originator biologics and biosimilars will be covered as patients transition. Effective October 7, 2021, PharmaCare coverage for Humira and Enbrel for plaque psoriasis ends and only the biosimilar options will be covered.

As key points of contact for patients, pharmacists play a valuable role in bringing positive awareness to the Initiative. Patients frequently turn to pharmacists as a source of health information and rely on those conversations to inform discussions with their prescribers.

Although pharmacists cannot adapt a prescription for an originator drug to a biosimilar, they can help identify and notify patients who may be affected by the current switch. In recognition of this support to patients, a \$15 per patient support fee is offered to pharmacies for their efforts. The fee is submitted as a PIN (**66127318**) in PharmaNet, to be paid monthly, in accordance with the usual monthly payment schedule.

Note: only one patient support fee can be claimed per PHN, even if the patient uses more than one originator subject to switching. You can claim a support fee for a PHN that was involved in a previous switch period if you identify them to be impacted by the current switch. Support fees must be submitted within the switch period window.

Pharmacies and prescribers can soon expect a letter with reference sheets and patient information sheets in the mail. For pharmacists, materials and more information are available directly online at www.gov.bc.ca/biosimilars/pharmacy

Prescribers can access more information and patient materials directly at www.gov.bc.ca/biosimilars/prescribers

Changes to the Reference Drug Program

Effective April 1, 2021, the [PharmaCare Reference Drug Program \(RDP\)](#) implemented changes to the Nitrates and Nonsteroidal Anti-inflammatory Drugs (NSAIDs) categories. The RDP encourages cost-effective prescribing for common medical conditions. The program has provided affordable, safe and effective treatments since 1995, with extensive changes made in 2016 (called the Modernized RDP). Until now, no substantial changes have been made to the Nitrates and NSAIDs categories since 1995. These two drug classes have been updated to reflect changes in cost-effectiveness and availability of drugs since then.

Nitrates

The Nitrates category has been removed, leaving seven RDP categories. Any drugs in this category that haven't been discontinued, are regular benefit.

Before changes	2021 changes	Final
Fully covered (reference) drugs isosorbide dinitrate 5 mg, 10 mg, 30 mg	<ul style="list-style-type: none"> Isosorbide dinitrate continues to be a regular PharmaCare benefit 	The Nitrates category is removed from the RDP. Nitrates from category are regular benefits.
Partially covered (non-reference) drugs <ul style="list-style-type: none"> Isosorbide mononitrate 60mg ER Pentaerythritol tetranitrate 	<ul style="list-style-type: none"> Isosorbide mononitrate ER becomes a regular benefit Pentaerythritol tetranitrate is discontinued by the manufacturer 	

NSAIDs

PharmaCare has changed the NSAIDs category for both its fully covered reference drug list and its partially covered non-reference drugs.

Patients with existing full or partial coverage don't need to switch their medication because they won't lose coverage for any drugs that have been removed from the RDP category (i.e., currently covered NSAID patients have been "grandparented" for continued coverage). This includes any NSAIDs that have been moved to Limited Coverage from the non-reference tier. After April 1, 2021, new patients or current patients switching to different NSAIDs who want PharmaCare coverage must meet newly established [drug criteria](#) for full or partial coverage.

Please note:

- NSAIDs that have been removed from the non-reference tier will still be available through Special Authority as limited coverage benefits.
- COX-2 inhibitors (celecoxib and meloxicam) remain as Limited Coverage NSAIDs but their criteria now align with that of non-reference NSAIDs, to simplify Special Authority access.
- All prescriber exemptions remain in place.

Before changes	2021 changes	Final
Reference drugs <ul style="list-style-type: none"> • enteric coated ASA • ibuprofen 200 mg, 400 mg, 600 mg • naproxen 250 mg, 375 mg, 500 mg 	<ul style="list-style-type: none"> • Enteric-coated ASA is removed, remains a regular benefit • ibuprofen 200 mg is delisted for most plans except for Plan B and W patients 	Reference drugs <ul style="list-style-type: none"> • ibuprofen 400 mg, 600 mg • naproxen 250 mg, 375 mg, 500 mg
Non-reference drugs <ul style="list-style-type: none"> • diclofenac regular, SR • diclofenac with misoprostol • naproxen enteric-coated, SR • flurbiprofen • indomethacin • ketoprofen regular, SR • diflunisal 	<ul style="list-style-type: none"> • Now Limited Coverage NSAIDs: <ul style="list-style-type: none"> ○ diclofenac with misoprostol, flurbiprofen, indomethacin, ketoprofen (regular, SR), diflunisal ○ celecoxib* and meloxicam (COX-2 inhibitors) remain Limited Coverage, with changed criteria to simplify access • SA criteria updates for all non-reference and limited coverage NSAIDs 	Non-reference drugs <ul style="list-style-type: none"> • diclofenac regular 25 mg, 50 mg • diclofenac SR 75 mg, 100 mg • naproxen enteric-coated 250 mg, 375 mg, 500 mg • naproxen SR 750 mg

*celecoxib is a regular benefit for patients under Plans P and W

The RDP continues to undergo evidence-based reviews based on cost-effectiveness, safety, and efficacy.

See the [2021 RDP Poster](#) for a full picture of the current RDP.

For a closer look at specific changes to the Nitrates and NSAIDs categories, see the [2021 RDP Changes reference sheet](#).

For RDP coverage of specific drugs, refer to the current [RDP Master Spreadsheet](#). Coverage always depends on a patient's PharmaCare plan, including any annual deductible.

For more information, visit www.gov.bc.ca/pharmacare/rdp-pro.

Combination therapy shortage for *H. pylori* eradication

As of March 8, 2021, the combination therapy Hp-PAC® (lansoprazole/amoxicillin/clarithromycin) was discontinued and the only generic alternative (**DIN 02470780**) is in [active shortage](#) with an expected return date at the end of May 2021.

To reduce delays in treatment, effective March 19, 2021, PharmaCare is temporarily listing lansoprazole 30 mg capsule as a regular benefit (**PIN 66127321**) for use as part of *H. pylori* eradication therapy only. The PIN covers up to 14 days of therapy at twice-daily dosing in a one-year period under Fair PharmaCare and Plans B, C, F and W.

First-line quadruple therapy includes the addition of 14 days of amoxicillin, clarithromycin, and metronidazole, all of which are regular benefits. When filling all four of these medications, pharmacies may want to consider blister packing for a patient's convenience, but this is not a requirement.

Note:

- First-line therapy for the eradication of *H. pylori* is quadruple therapy for 14 days consisting of a proton pump inhibitor (PPI) in combination with amoxicillin, clarithromycin, and metronidazole (PACM), or a PPI in combination with metronidazole, tetracycline, and over-the-counter bismuth salicylate ([PBMT](#)).
- Optimal treatment with PACM quadruple therapy can be achieved by adding metronidazole to the prepackaged apo-lansoprazole/amoxicillin/clarithromycin product when available, or by using all four products separately.

See [PharmaCare Drug Shortage Information](#) for a current list of drug shortages.

Upcoming prosthetic and orthotic changes

Silicone gloves

Silicone gloves will be added to the existing prosthetic gloves benefit, effective April 30, 2021.

Patients will have a choice of either two vinyl gloves per year or one silicone glove per year. [Section 6.1.4](#) of the Prosthetic and Orthotic Policy Manual will be updated on April 30, 2021 to reflect the following change:

Item	Quantity/time
Prosthetic gloves	Two vinyl gloves per year OR one silicone glove per year

Silicone gloves will not have their own PharmaCare PIN; providers should use the appropriate device PIN for the patient's level of amputation when billing for silicone gloves. The eligible prices will be included in an updated Component Price List that will be shared with BC prosthetists.

Ostomy barrier strips/extenders

The existing [ostomy PIN 88123642](#) (elastic barrier strips and tape) will be renamed "ostomy barrier strips/extenders," effective April 30, 2021. At the same time, two products will be added as eligible products under this PIN. They are:

- SALTS Flange Extender with Aloe, and
- Hollister Adapt Barrier Extender

New PharmaNet code for medication reviews in PCNs (MR-PCN)

Community pharmacists may soon see the PharmaNet code MR-PCN in patient profiles. This new code indicates that a primary care clinical pharmacist (PCCP) working in a primary care network (PCN) has provided either initial or follow-up medication management services for a patient as part of their care team. PCCPs are focused on providing comprehensive care to adult patients with complex health issues and treatment regimens. (See the [March PharmaCare Newsletter](#) and the [Ministry of Health News](#) for more about pharmacists in B.C. primary care networks.)

Patients may meet with a PCCP several times a year, as needed. Each patient encounter with a PCCP will be documented on PharmaNet as MR-PCN, with a new unique PIN (**99000505**). MR-PCN claims adjudicate to zero dollars. MR-PCN claims create a time stamp in PharmaNet to let other health care team members, including community pharmacists, know that a patient has an active care plan created and updated regularly by a PCCP.

Patients continue to be eligible for four follow-up medication reviews (MR-F) within 12 months of any prior medication review (including an MR-PCN). As with follow-up on any medication review completed by a different pharmacist, the pharmacist providing the MR-F must obtain a copy of the documentation from the original review. To obtain documentation for an MR-PCN, call the phone number in the SIG field of the claim listed in PharmaNet.

As per [Section 8.9 of the PharmaCare Policy Manual](#), a patient is eligible for a standard medication review (MR-S) or pharmacist consultation (MR-PC) in the community if the patient hasn't received another medication review (MR-S, MR-PC, MR-PCN) in the past six months.

Note: MR-PCN claims are not subject to usual PharmaCare policies on medication review templates or patient eligibility criteria. Documentation for a MR-PCN claim will include a care plan and clinical details along with a Best Possible Medication History. PharmaCare's documentation requirements for MR-F and MR-PC following an MR-PCN are the same as for an MR-F following an MR-S or MR-PC claim submitted by a community pharmacy.

For more information about medication review policies, see [PharmaCare Policy Manual Section 8.9, Medication Reviews](#).

Federal legislation changes to MAiD

On March 17, 2021, [Federal Bill C-7](#) received Royal Assent and was immediately effective. Bill C-7 includes new eligibility criteria for providing medical assistance in dying (MAiD). As per the [College of Pharmacists of BC](#), pharmacy practice remains unchanged and pharmacists are still authorized to delegate MAiD preparation duties to pharmacy technicians.

Read the [news release from the Department of Justice Canada](#) for more information on specific changes made.

For changes reflected in B.C. policy and forms, see [Medical Assistance in Dying – Information for health-care providers](#).

PRIME site registration now fully online for private community health practices

Site registration in PRIME is now fully online for private community health practices needing access to PharmaNet. As of March 31, 2020, registration using paper forms is available only in rare circumstances in which the site's signing authority does not have a BC Services Card.

Site registration is required for all new PharmaNet sites, sites changing PharmaNet software vendors, and those updating information, such as location.

The PRIME team is preparing to launch online site registration for community pharmacies in the next few months.

In the online PRIME application, health professionals and healthcare sites apply for Ministry of Health approval to access PharmaNet.

For more about site registration in PRIME, please see the [February newsletter](#). For all PRIME updates, watch the PharmaCare Newsletter and subscribe to the [PRIME web page](#).

Regulatory changes allow nurses to register patients for Plan G

Effective March 15, 2021, the [Drug Plans Regulation](#) allows registered nurses (RNs) and registered psychiatric nurses (RPNs) to register patients for PharmaCare Plan G (Psychiatric Medications).

Until now, only a patient's physician or nurse practitioner had the legal authority to complete the Plan G application on behalf of the patient, certifying that they meet the clinical eligibility criteria.

The Plan G Application form has been updated to reflect this change.

Last year, as announced in [PharmaCare Newsletter 20-019](#), the British Columbia College of Nurses and Midwives applied new standards, limits and conditions for RNs and RPNs to prescribe buprenorphine/naloxone, a drug for opioid agonist therapy that is covered under Plan G.

Special Authority Transformation updates

The Special Authority Transformation project, an initiative to transition Special Authority to a digital platform, is well underway. The Special Authority (SA) team is gradually adding the SA drug list to their new case management system, for adjudication. There is no action required on the part of practitioners, but note that decision notifications for added drugs may look different from before.

The team is busy testing the new digital system. There are plans to integrate SA requests with electronic medical records (EMRs). Once complete, prescribers will be able to send an SA request directly from a patient's EMR.

PharmaCare information line

The PharmaCare information line is expected to phase out its automated Limited Coverage drug options through the Special Authority program (option #2) as early as April 15, 2021, to align with implementation of the digital e-Forms. You may know this phone service as the accelerated adjudication system.

PharmaCare Trends Report

The [PharmaCare Trends Report](#) for the 2019–20 fiscal year is now available online.

The annual report highlights progress in delivering an effective, balanced and responsive PharmaCare program. It details such things as expenditures by PharmaCare plan, the top 10 drugs covered by PharmaCare, and formulary expansion. The 2019-2020 report includes new visuals that show the top 10 drugs by PharmaCare reimbursement, the top 10 drugs by number of beneficiaries, and a breakdown of clinical services fees.

Non-benefits

The following products have been reviewed and will not be listed as a PharmaCare benefits, effective March 23, 2021:

PRODUCT	STRENGTH AND FORM	DIN
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buprenorphine/naloxone (Suboxone®)	2 mg/0.5 mg soluble film	02502313
	8 mg/2 mg soluble film	02502348
	12 mg/3 mg soluble film	02502356

PRODUCT	STRENGTH AND FORM	DIN
cyclosporine (Verkazia®)	0.1% eye drops	02484137

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	luspatercept (Reblozyl®)
INDICATION	red blood cell (RBC) transfusion-dependent anemia associated with beta(β)-thalassemia in adults
INPUT WINDOW	March 24 to April 21, 2021

DRUG	orodispersible budesonide tablets (Joryeza®)
INDICATION	maintenance treatment of eosinophilic esophagitis (EoE) in adults
INPUT WINDOW	March 24 to April 21, 2021

DRUG	patiromer (Veltassa®)
INDICATION	hyperkalemia in adults with chronic kidney disease
INPUT WINDOW	March 24 to April 21, 2021

DRUG	risdiplam (Evrysdi™)
INDICATION	spinal muscular atrophy (SMA)
INPUT WINDOW	March 24 to April 21, 2021

DRUG	semaglutide (Rybelsus®)
INDICATION	type 2 diabetes in adults
INPUT WINDOW	March 24 to April 21, 2021