

BC PHARMACARE NEWSLETTER

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April 5, 2022



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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



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Special release (April 26, 2022)

Full emergency coverage of first dispense for Ukrainian arrivals

Ukrainian nationals and family members arriving through the Canada-Ukraine Authorization for Emergency Travel (CUAET) are eligible for fully paid, temporary emergency PharmaCare coverage of eligible costs for the first dispense of any urgently needed medications. Patients don't need to be enrolled in MSP. The coverage is activated for 48 hours, so a person should fill all their urgently required prescriptions within a 48-hour window.

To receive full coverage:

- The prescriber must be authorized and registered in Canada, and
- The prescriber must complete the [Emergency BC PharmaCare Coverage for Ukrainian Arrivals form \(PDF\)](#)

Emergency BC PharmaCare Coverage for Ukrainian Arrivals form

The new [Emergency BC PharmaCare Coverage for Ukrainian Arrivals form \(PDF\)](#) ensures Ukrainian arrivals get the medications they urgently need.

The prescriber:

- Completes the patient and prescriber information sections
- Attests by signature that the patient:
 - is a Ukrainian national or family member who arrived through CUAET
 - has an urgent need for prescribed medications

The form is not a prescription, but documentation that the patient is eligible for full PharmaCare coverage.

Instructions for pharmacies

When a Ukrainian national or family member provides the [Emergency BC PharmaCare Coverage for Ukrainian Arrivals form \(PDF\)](#) along with a prescription:

1. Assign them a Personal Health Number (PHN) using the full name on the patient's immigration document(s), unless they have already received a PHN from the Medical Services Plan. See [Section 3.3 of the PharmaCare Policy Manual](#) for instructions.
2. Call HIBC's PharmaNet Help Desk at 604-682-7120 (Lower Mainland) or 1-800-554-0225 (rest of B.C.)
3. Advise HIBC that you have received the Emergency PharmaCare Coverage for Ukrainian Arrivals form and provide the new pharmacy-created PHN.
4. HIBC will record the patient details and apply 48 hours of emergency Plan C coverage for the patient.
5. Fill the prescription. If needed, adapt prescriptions to align with the Plan C formulary to avoid out-of-pocket costs. Any such adaptations are eligible for PharmaCare clinical services fees.
6. Retain the form in your records with the associated prescriptions.

Resources

- [Emergency BC PharmaCare Coverage for Ukrainian Arrivals form \(PDF\)](#)
- [Emergency drug coverage for Ukrainian \(CUAET\) arrivals](#)
- [PharmaCare Policy Manual, Section 3.3—Personal Health Numbers](#)

Pharmacy staff: Enrol in PRIME by April 30, 2022, to maintain access in PharmaNet

All pharmacists, pharmacy technicians and pharmacy assistants must enrol in PRIME by April 30, 2022, to maintain access to PharmaNet. It is a legal requirement for PharmaNet users to have *applied* to the Ministry of Health for access by the [deadlines for their professions](#).

There are two ways to request access:

1. Submit an enrolment in PRIME at <https://pharmanetenrolment.gov.bc.ca> (most individuals will be able to enrol via PRIME)
2. For those without a BC Services Card app, submit an application using paper forms, which the individual can obtain from PRIMESupport@gov.bc.ca (note we do not provide these forms for distribution)

Please ensure that all PharmaNet users at your pharmacy have completed one of these processes by April 30, 2022.

Do not contact PRIME Support or Pharmaceutical, Laboratory and Blood Services Division seeking confirmation of submission or enrolment.

Users can confirm they have submitted or completed enrolment using:

- The approval email from PRIME (this contains a link to their GPID);
- The approval email issued by the Ministry of Health to individuals enrolled outside of the PRIME system;

- A screenshot from PRIME showing their request was submitted and is being processed.

Those who submit paper enrolment documents should make note of the time and date of successful upload before closing the browser session, or take a screenshot of the confirmation message displayed.

If any PharmaNet user at your pharmacy has not *applied* by April 30, 2022, either in PRIME or via the alternative paper process, and they subsequently access PharmaNet at your pharmacy, that access is not authorized and is in violation of the [Information Management Regulation](#) and the [Pharmaceutical Services Act](#).



If unauthorized access to PharmaNet occurs at your pharmacy, the Ministry of Health may take action, up to and including suspension of payment or termination of access to PharmaNet for both individuals and the pharmacy as a whole.

Resources

- [PRIME web page](#) for resources
- Enrol in [PRIME](#)

Reminder: Distribute instruction sheet with RAT kits

Pharmacies are reminded to distribute the BC Centre for Disease Control's [Rapid antigen at-home test instructions \(PDF\)](#) when [distributing RAT kits](#). The instruction sheet is accessible to most B.C. residents. It is written in plain language, in a large font size, and has a QR code for versions in multiple languages.

As well as printing copies of the information sheet in English to hand out, pharmacies may want to:

- Print copies in languages most commonly spoken in their communities
- Cut out the QR code and tape it to a wall or counter easily accessible to clients
- Bear in mind that:
 - 45% of B.C. residents have a literacy level of 3 on the Organisation for Economic Co-operation and Development (OECD) scale of 5. That is the minimum reading level for successful participation in society
 - 27% of B.C. residents speak a language other than English at home; in Vancouver, the number is 42%
 - Punjabi is the most popular language spoken in B.C. after English, followed by Mandarin and Cantonese

It is critical that people understand testing instructions. False negatives can have significant public health consequences.

Please note: Anyone can ask for a kit without needing to provide their ID.

Resources

RAT Instruction sheet (PDF) in [English](#) | [Punjabi](#) | [Chinese \(Simplified\)](#) | [Chinese \(Traditional\)](#) | [Farsi](#) | [French](#) | [Korean](#) | [Spanish](#) | [Vietnamese](#) | [Tigrinra](#) | [Arabic](#)

Special release (April 14, 2022)

ImmsBC entry for COVID-19 vaccines administered in LTC facilities

COVID-19 vaccines administered to long-term care (LTC) and assisted living (AL) residents must be entered properly to be eligible for PharmaCare payment. Please record them carefully in the ImmsBC app under your pharmacy ImmsBC profile. You will be contacted to update records if they are not complete.

If your pharmacy has not pre-registered residents for appointments, enter the vaccine records in ImmsBC as a walk-in, on the date of the vaccination. To do this, open the resident's profile and click the "Check-In" button.

You must note in the ImmsBC record that the vaccination is for LTC or AL residents. To do this: In the **Immunization Information** section, select "AL Resident" or "LTC Resident" from the *Reason for Immunization* dropdown menu.

Your attention to careful COVID-19 vaccination records is appreciated.

Resources

- [ImmsBC application help files](#)
- BCPHA's [How to Manage a Walk-In Client in ImmsBC: ImmsBC User Guide](#) (accessible by members)

Special release (published April 8; updated April 12)

Rapid antigen test kits: Updated eligibility and service fees

Effective April 11, 2022, B.C. residents can pick up a Rapid Response[®] COVID-19 antigen test (RAT) kit without needing to give their Personal Health Number, and pharmacies will no longer be required to record personal details when distributing kits.

Anyone can ask for a kit. They do not have to show ID. Please hand out kits one at a time. People can also pick up kits for others. There is no longer a wait period before a person can get another kit (previously, there was a limit of one kit per 28 days). RAT kits must be provided free of charge.

Pharmacies should include an instruction sheet with every kit provided or share the QR code with those who want to read the instructions online. The [instruction sheet \(PDF\)](#) can be printed from the BC Centre for Disease Control (BCCDC) website in different languages.*

Also effective April 11, pharmacies will no longer be paid a \$5.00 fee per kit provided, and will be paid a \$75.00 fee per case of kits distributed, which reflects the reduction in administrative work. Pharmacies will be paid the new fee monthly.

Non-pharmacy staff may hand out RAT kits, but pharmacy staff must enter the PIN in PharmaNet on opening a case (see below).

Monthly claim and payment process

PharmaCare has created the new non-benefit **PIN 66128325** for a case of RAT kits. Upon opening a case of RAT kits, pharmacies will submit the claim using this new PIN and their assigned office use medication account (O-Med PHN). PharmaCare will calculate and pay the total monthly fees owed to each pharmacy at the rate of \$75.00 per case

recorded with the PIN. These payments will appear on the Pharmacy Remittance Advice Form under the Adjustment Code “7 – Manual Payment.”

PharmaNet instructions

1. Enter PIN for RAT case: 66128325
2. Enter your pharmacy’s O-Med PHN instead of entering a patient PHN.
3. Enter Quantity as the **number of cases**. Do NOT enter the quantity as the number of tests or kits. Claims will be monitored to ensure that quantities are entered correctly.
4. The claim will adjudicate as a non-benefit and will be paid monthly.

Do not request payment for RAT kits. RAT tests, kits, and cases are to be managed separately from any retail stock and are not for resale.

Please maintain your records of RAT cases received, as these claims are subject to PharmaCare audit and recovery.

[*Arabic](#) | [Chinese \(Simplified\)](#) | [Chinese \(Traditional\)](#) | [Farsi](#) | [French](#) | [Korean](#) | [Punjabi](#) | [Spanish](#) | [Vietnamese](#) | [Tigrinra](#)

Resources

- [PharmaCare Newsletter Edition 22-004](#)
- [RAT kit information for B.C. residents](#)

Rapid Antigen Test Kits – Updated eligibility and service fees

Effective April 11, 2022, citizens can pick up a Rapid Response® COVID-19 antigen test (RAT) kit without needing to show their Personal Health Number, and pharmacies will no longer be required to record patient details when distributing kits. Currently, RAT kits are available to people aged 18 and older.

Also starting April 11, pharmacies will be paid \$75.00 per case of kits distributed, which reflects this reduction in administrative work. On the same date, PharmaCare will remove the \$5.00 service fee per distributed kit, which was implemented February 25, 2022.

The public can pick up kits (5-test packs) from participating pharmacies. See the [BCPhA website](#) for a list of participating pharmacies.

Claim and payment details for the new \$75 reimbursement per case of kits will follow in an upcoming newsletter article.

Pharmacy-administered COVID-19 vaccines: Update on weekend/holiday fee premium

As noted in [PharmaCare Newsletter 21-012](#), the \$4.00 weekend and holiday premium added to COVID-19 vaccination administration fees was only effective from December 11, 2021 to March 27, 2022. The premiums will be calculated for payment in May 2022, after the monthly payment for March vaccination claims is paid out at the end of April.

Provincial purchase program for influenza vaccine: Notice of upcoming payments

As in [PharmaCare Newsletter 21-011](#) (with details published October 27 and November 17, 2021), the Ministry of Health will reimburse community pharmacies for eligible influenza vaccine stock purchased for private sale for the 2021-22 flu season. The Ministry will also pay a \$12.10 administration fee for each eligible vaccine administered and recorded as private supply under the DIN in the 2021-22 flu season.

Administration fees

An administration fee of \$12.10 will be paid retroactively for claims for eligible flu vaccine DINs entered in PharmaNet up to a certain date (November 19 for Influvac® DIN claims, October 29 for DIN claims for other eligible flu vaccines), as previously announced.

Payments for the eligible vaccine administration fees will be included in the weekly payment on April 11, 2022. These payments will appear on the Pharmacy Remittance Advice Form for this weekly payment under Adjustment Code “7 – Manual Payment.”

Reimbursement for private stock

All community pharmacy applications for reimbursement of private stock made to the BC Pharmacy Association by January 14, 2022 have been reviewed and those eligible for reimbursement will receive payment. Eligible private stock includes certain vaccine products purchased by a community pharmacy between August 1 and December 14, 2021 (October 29, 2021 for Influvac).

Payments for the reimbursement for private stock will be included in the weekly payment on April 20, 2022. These payments will appear on the Pharmacy Remittance Advice Form for this weekly payment under Adjustment Code “7 – Manual Payment.”

Resources

- [PharmaCare Newsletter Edition 21-011](#)
- [Publicly Funded Vaccines web page](#)

Drug shortage: hydrocortisone

Hydrocortisone 2.5% cream 45 g and 225 g (DIN 2469421) are currently in short supply. Temporary coverage using **PIN 22123376** will be in place until a commercial product is available. No Special Authority request is needed. Please refer to the PharmaCare pricing policy for compounded prescriptions, [section 5.13 of the PharmaCare Policy Manual](#).

For up-to-date information on any drug shortages, consult [Drug Shortages Canada](#) or [PharmaCare Drug Shortages](#).

Plan W: Searchable OTC list

As of April 5, 2022, an updated searchable [First Nations Health Benefits \(Plan W\) over-the-counter \(OTC\) drug list](#) is available on the PharmaCare website.

This list can be sorted and searched by DIN/NPN, chemical name, brand name or manufacturer name. A PDF copy is also available.

OTC items from this list can be prescribed or initiated by a pharmacist. Pharmacists should complete the [Plan W OTC Recommendation Form](#) when initiating treatment with an OTC item.

Advance notice: Practitioner and payee number/specialty code updates

Practitioner and payee numbers

As of June 1, 2022, new practitioner (MSP ID) and payee numbers will be issued as alphanumeric values to expand the range of available numbers. Impacts to internal and external stakeholders will be minimal. Practitioners and payees who have already been issued numbers will keep these numbers.

The Ministry of Health and Health Insurance BC (HIBC) have determined that without the expansion, available practitioner and payee numbers will be depleted in 2023. Practitioner and payee numbers are currently defined throughout the MSP Claims system as five characters, with values ranging from 00000 to 99999.

Practitioner specialty codes

The Ministry also forecast available practitioner specialty codes. Projections indicate a need for at least 20 new specialty codes over the next five years, resulting in a shortage of available codes. Starting June 1, 2022, new codes will be issued as alphanumeric values to expand the range of available specialty codes.

Current Teleplan specifications require the practitioner, payee number, and specialty code to be in character format. Teleplan vendors whose code limits these fields to numeric characters, or whose system logic depends on a numeric-only value, must reconfigure the software to accept alphanumeric values by June 1, 2022.

Instructions for pharmacists

Starting June 2022, pharmacists may come across alphanumeric payee numbers on a prescription (e.g. J0009) and will need to enter these properly. The automated phone system will tell you to press **1** followed by **#** if you want to enter an alpha character.

Expensive Drugs for Rare Diseases update

Effective February 10, 2022, the Ministry of Health initiated funding of risdiplam (Evrysdi®) through PharmaCare's exceptional [Expensive Drugs for Rare Diseases \(EDRD\) process](#). Clinicians may apply for funding through this process for eligible patients with spinal muscular atrophy (SMA). Risdiplam will be distributed and dispensed through Innomar pharmacies, which community pharmacies may also order from.

Initial applications will be approved for up to 12 months, but it will be the responsibility of the prescribing physician and the Provincial Health Services Authority to request from PharmaCare continued access to therapy thereafter.

Drug Name	risdiplam (Evrysdi®)		
Date Effective	February 10, 2022		
Drug Identification Number(s)	02514931	Strength and Form	0.75 mg/mL oral solution
Covered Under	Expensive Drugs for Rare Diseases Process		

PharmaCare Trends Report 2020/21

The annual PharmaCare Trends Report (2020/21) is now [available online](#). The report highlights progress in delivering an effective, balanced and responsive PharmaCare program, with sections detailing expenditures by PharmaCare Plan, the top ten drugs prescribed in B.C., formulary expansion, and more.



Reminders

PRIME: All pharmacists and pharmacy technicians must enrol in PRIME by April 30

Pharmacists, pharmacy technicians, pharmacy assistants, and pharmacy students must be enrolled in PRIME **by April 30, 2022**. Approximately 52% have enrolled so far.

Every health care professional who needs PharmaNet to care for patients must enrol in PRIME. By enrolling, you request Ministry of Health approval to access PharmaNet. Pharmacy managers are encouraged to support their staff and ensure they enrol by the deadline. Some managers are sending reminder emails linking to [PRIME resources](#).

Any access to PharmaNet after April 30, 2022 by a CPBC registrant who has not requested a grant of access from the Minister is unauthorised.

A note for pharmacy technicians

Pharmacy technicians are, legally, independent users as of February 1, 2022. If you enrolled in PRIME before February 1, 2022, you need to return to PRIME, update your profile if needed, and read and accept the terms of access again. All pharmacy technicians should know that you may be prompted later to return to PRIME to sign the terms of access again.

Please note however, that technical issues are preventing setup of pharmacy technicians as independent users in pharmacy software. Pharmacy technicians will continue to appear as accessing PharmaNet “on behalf of” pharmacists until these issues are resolved.

Smoking cessation lozenges

As mentioned in PharmaCare Newsletter [21-009](#) and [21-012](#), Nicorette® 2 mg and 4 mg lozenges have been assigned new Natural Product Numbers (NPNs) due to a change in manufacturer.

Effective April 1, 2022, the original 2 mg and 4 mg lozenge NPNs will no longer be covered by PharmaCare. From June 15, 2022 until July 31, 2022, both the temporary and new NPNs will be covered. Coverage for both NPNs is to give pharmacists time to transition their stock. Effective August 1, 2022, **only the new NPNs** will be covered.

See the table below for changes to NPNs for both lozenges:

What you need to enrol

- BC Services Card app on a mobile device
- College information (if applicable)
- Email address for the person in your workplace who sets up PharmaNet access
- [PRIME web page](#)
- [PRIME information sheet](#)

Brand	Product type and strength	Pack size	Original NPN	Temporary NPN	New NPN
Nicorette®	lozenge 2 mg	80	02247347 (discontinued effective April 1, 2022)	80053099 (effective until July 31, 2022)	80110858 (effective from June 15, 2022)
Nicorette®	lozenge 4 mg	80	02247348 (discontinued effective April 1, 2022)	80053100 (effective until July 31, 2022)	80112095 (effective from June 15, 2022)

P&O: plagiocephaly helmets

A reminder for orthotists and their staff that PharmaCare changed its pre-approval requirements for plagiocephaly helmets earlier this year (January 1, 2022). A claim for a helmet that does not require pre-approval should be submitted using **PIN 77123535**. The only claims that should be submitted using PIN 77123499 are those exceptional cases that do not meet the eligibility criteria and have received pre-approval. Orthotists and their staff can review PharmaCare's current policy related to plagiocephaly helmets online under [Section 5.7 of the PharmaCare Prosthetic and Orthotic Policy Manual](#).

P&O: Prosthetic Benefits Application for Financial Assistance

A reminder for prosthetists and their staff that Schedule C (page 4) of a PharmaCare Prosthetic Benefits Application for Financial Assistance (HLTH 5402) is not required when they are also submitting a separate work order breaking down the procedures/components and fees that they are asking for. If providers are not attaching a work order, they must complete Schedule C. Detailed instructions about submitting an application form and supporting documents for the coverage of prosthetic devices and supplies is outlined in [Section 7.1 of the PharmaCare Prosthetic and Orthotic Policy Manual](#).

Pharmacists must serve clients who have password-protected PharmaNet profiles

PharmaCare recently learned that a B.C. pharmacy refused to serve a client because they had a protective word on their PharmaNet record.

Any B.C. resident may attach a protective word, i.e. a password, to their PharmaNet profile. Only pharmacists and authorized health practitioners with whom a resident has shared their protective word can view their PharmaNet profile, dispense a prescription, and perform a drug use evaluation (DUE).

A patient's physician must provide the protective word to obtain information from a pharmacist about a client's medication history.

Pharmacists must attach, change or remove protective words

Pharmacists must also attach to, change or remove a protective word from an adult's record at their request, as required under the [Information Management Regulation \(IMR\)](#). (Other requests, e.g., from minors or for a protective word to be attached to another patient's record, must be submitted in writing to Health Insurance BC.)

For procedures and details about checking client identification; emergency access; creating, changing, deleting and storing protective words; and more, see:

- [Protective Words, PharmaCare Policy Manual Section 9.6](#)
- [Part 3, Information Management Regulation](#)



Did you know?

In 2020-2021, PharmaCare paid an average of \$1,564 per beneficiary.

Find more stats like this in [2020/2021 PharmaCare Trends](#).

Regular benefits

Effective April 5, 2022, Baqsimi® Nasal Glucagon is covered as a PharmaCare regular benefit:

Drug name	glucagon (Baqsimi®)		
Date effective	April 5, 2022		
Indication	Severe hypoglycemia		
DIN	02492415	Strength and form	3 mg intranasal spray
Covered under Plans	Fair PharmaCare, B, C, F, W		

- [Instructions for use video](#)
- [Patient leaflet](#) (PDF)

Usage questions from patients and healthcare providers may be directed to the manufacturer's customer response centre at 1-888-545-5972.

Effective April 5, 2022, the following products have changed to regular benefit status (from limited coverage):

Drug name	leflunomide (Arava® and generics)		
Date effective	April 5, 2022		
Indication	rheumatoid arthritis		
DIN	2241888 2256495 2261251 2283964 2288265 2351668 2478862	Strength and form	10 mg tablet
	2241889 2256509 2261278 2283972 2288273 2351676 2478870		20 mg tablet
Covered under Plans	Fair PharmaCare, B, C, F, W		

Drug name	Methotrexate (sodium)		
Date effective	April 5, 2022		
Indication	rheumatoid arthritis		
DIN	2182955 2099705 2182777 2464365 2398427	Strength and form	25 mg/mL vial
	2182947		10 mg/mL vial
Covered under Plans	Fair PharmaCare, B, C, F, W		

Limited coverage benefits

As of March 22, the filgrastim biosimilar Nivestym is added as a limited coverage benefit, with the same criteria as the filgrastim biosimilar Grastofil. Both Grastofil and Nivestym will now be available on the formulary.

Drug name	filgrastim (Nivestym®)		
Date effective	March 22, 2022		
Indication	prophylaxis of febrile neutropenia in cancer patients		
DIN	02485591 02485656 02485575 02485583	Strength and form	300 mcg/1 mL single-dose vial 480 mcg/1.6 mL single-dose vial 300 mcg/0.5 mL pre-filled syringe 480 mcg/0.8 mL pre-filled syringe
Covered under Plans	Fair PharmaCare, B, C, F, W		

As of March 29, the following product is listed as a limited coverage benefit:

Drug name	fremanezumab (Ajovy®)		
Date effective	March 29, 2022		
Indication	episodic or chronic migraine		
DIN	02497859 02509474	Strength and form	225 mg/1.5 mL solution for subcutaneous injection
Covered under Plans	Fair PharmaCare, B, C, F, W		

Non-benefits

As of March 15, 2022, PharmaCare has determined the product below will not be covered for ankylosing spondylitis. However, ixekizumab is still a [limited coverage benefit](#) for plaque psoriasis and psoriatic arthritis.

Drug name	ixekizumab (Taltz™)		
Date effective	March 15, 2022		
Indication	ankylosing spondylitis		

As of March 29, the following products have been reviewed and determined as a non-benefit under the following DINs:

Drug name	erenumab (Aimovig®)		
Date effective	March 29, 2022		
DINs	02479613 02487306		

Drug name	onabotulinumtoxinA (Botox®)
Date effective	March 29, 2022
Indication	migraine prophylaxis

Your Voice: Patient input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups are 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	ruxolitinib (Jakavi®)
INDICATION	acute graft versus host disease (aGvHD)
INPUT WINDOW	March 30 to April 27, 2022

DRUG	cenegermin (Oxervate®)
INDICATION	moderate or severe neurotrophic keratitis (NK) in adults
INPUT WINDOW	March 30 to April 27, 2022

DRUG	elexacaftor-tezacaftor-ivacaftor and ivacaftor (Trikafta®)
INDICATION	cystic fibrosis (CF), F508del CFTR mutation, pediatrics (age 6-12)
INPUT WINDOW	March 30 to April 27, 2022

DRUG	sodium phenylbutyrate and ursodocoltaurine (TBC/AMX0035)
INDICATION	amyotrophic lateral sclerosis (ALS)
INPUT WINDOW	March 30 to April 27, 2022

DRUG	amifampridine phosphate (Firdapse®)
INDICATION	Lambert-Eaton Myasthenic Syndrome (LEMS) in adults
INPUT WINDOW	March 30 to April 27, 2022

FNHA Partnership series: Coming Together for Wellness

This article is part of a 10-article series by the Ministry of Health and the First Nations Health Authority (FNHA) to increase awareness of First Nations issues and build cultural humility, and as a result, safety in B.C.'s health system. The series began in the [PharmaCare Newsletter, edition 21-010](#).

Article #6: About the First Nations Health Authority's Plan W (for Wellness)

[Article 5](#) highlighted the role of the FNHA and creation of Plan W in reducing the federal and provincial jurisdictional complexities faced by First Nations in B.C. in accessing healthcare services.

On October 1, 2017, the FNHA launched [Plan W](#) (for Wellness). Plan W was a first-of-its-kind partnership between the FNHA and BC PharmaCare. The drug benefit plan is funded by the FNHA, administered through PharmaCare, and designed to meet the unique health needs of First Nations in B.C. Plan W is the first payer of eligible pharmacy benefits for FNHA clients. FNHA clients can also access benefits from other PharmaCare plans if they meet the criteria.

Plan W has unique characteristics

[Enrolment for Plan W is through the FNHA](#). The FNHA determines enrolment in Plan W, based on at least 3 months of residency in B.C. and registered Indian status.

[Plan W is not based on income testing](#). Income testing relies on annual income tax returns; however, some First Nations people are exempt from filing income taxes. Plan W (and previously, the Non-Insured Health Benefits formulary) is not based on income testing. This removes systemic barriers to First Nations in accessing to medications.

[Plan W is a fully paid plan with no deductible](#). The FNHA is committed to promoting equitable access by providing full coverage of eligible items (under PharmaCare's [Full Payment Policy](#)) for First Nations in B.C. Coverage for Plan W drug benefits is subject to PharmaCare's [Low Cost Alternative](#) and [Reference Drug Program](#) pricing policies; however, fully-covered alternatives are available for these drugs.

[Plan W covers some over-the-counter \(OTC\) items not available under other PharmaCare plans](#). When an FNHA client consults with a pharmacist about an ailment that can be treated with an eligible OTC medication, the pharmacist can recommend and [bill](#) the OTC medication through Plan W. This is possible due to the flexibility of FNHA's partnership with the Ministry of Health.

[For clients who live with diabetes, the FNHA can add a diabetes education centre \(DEC\) certification number to their Plan W account](#). Many FNHA clients do not have easy access to provincial DEC. Requiring clients to travel to a DEC for blood glucose monitoring training can delay access to much-needed blood glucose test strips (training is required for PharmaCare coverage). The ability to add DEC certification to Plan W accounts is particularly important when First Nations communities have a higher prevalence of diabetes. Pharmacists can support FNHA clients at point of care by calling First Nations Health Benefits to activate coverage of test strips for them.

"The best health outcomes for Indigenous peoples are achieved when they design and develop health programs that meet their unique needs."

The Honourable Ginette Petitpas Taylor –
former Minister of Health, Canada

"Patient care and safety [are] at the heart of [the] new First Nations PharmaCare 'Plan W' program."

College of Pharmacists of British Columbia

Plan W Continues to Evolve:

The FNHA, under direction from First Nations communities and leadership, continues to work with the Ministry of Health to evolve Plan W in a way that meets the unique needs of First Nations in B.C. and aligns with provincial standards.

The FNHA and Ministry of Health are committed to achieving the shared vision of “a better, more responsive and integrated health system for First Nations in British Columbia,” as outlined in the [Health Partnership Accord](#).

If you have questions about Plan W coverage and characteristics, please contact First Nations Health Benefits at 1-855-550-5454

>> *Next in Coming Together for Wellness: How can I support my Plan W Clients?*

Suggested reading

- [Plan W non-drug OTC benefits](#)
- [Plan W OTC drug benefits \(PDF\)](#)
- [FNHA Pharmacy Benefit web page](#)

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!

Patient access to their PharmaNet record

Darcy suffers from insomnia. He has tried several different medications over the past year to no avail. Given the range of products on the market, Darcy decides he should keep a hard copy of his medication history for reference.

At his next doctor's appointment, Darcy is prescribed Triazolam. While picking up his medication from the local pharmacy, Darcy explains his situation to the pharmacist and requests a print-out of his current PharmaNet patient record. He started taking insomnia medications in the past 14 months and some of them have caused him adverse reactions.

The pharmacist notices some of the prescriptions Darcy mentions aren't on the pharmacy's local record and asks whether he's filled them elsewhere. Darcy confirms that he filled them at a different pharmacy.

The pharmacist explains that she can only print out his locally stored record. His PharmaNet record must come from the Ministry of Health. The pharmacist also advises Darcy that he can pull up his medication history online at [Health Gateway](#).

As per [Section 9.5 of the PharmaCare Policy Manual](#), the pharmacist first validates Darcy's address and Personal Health Number on PharmaNet (TID transaction) and updates the address (TPA transaction) if necessary. She then submits a request to the Ministry of Health for Darcy's PharmaNet record through the local software (TPM transaction). Darcy receives his record in the mail from the Ministry of Health.

Local record: Only contains medications dispensed by the pharmacy at which the request is made.

PharmaNet record: Demographic information, clinical information, adverse drug reaction information, medication dispensing history for the last 14 months.