

BC PHARMACARE NEWSLETTER

Edition 24-004: April 2024

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

BC PharmaCare counts on pharmacies and device providers to practice cultural safety and humility. To learn more, read *Coming Together for Wellness*, a series of articles by the First Nations Health Authority (FNHA) and PharmaCare, and consider taking the San'yas Indigenous Cultural Safety course.

The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood Services Division to provide information to B.C.'s healthcare providers.

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



The current edition of [PAD Refills](#) is an update to the COPD Inhaled Medication Table. Make sure to subscribe so you don't miss out on news and updates!



Paxlovid™ – Important dispensing information

Public supply of full-dose Paxlovid kits has now expired—use 2 renal packs to make up the full dose as necessary

- For patients who meet [Paxlovid criteria](#) and require the regular full dose, use 2 of the renal impairment dose packs and [adjust the tablets](#), instructions and counselling as necessary
- Do not return expired public supply to the distributor. Pharmacies should dispose of expired public supply as they would normally dispose of medications, usually through a medication disposal bin

PharmaCare coverage is currently under review for the private supply of Paxlovid

Private supply of Paxlovid is now available to order. PharmaCare coverage is currently under review.

- Do not dispense private supply to patients who meet [Paxlovid criteria](#). Instead, use any available public supply, including renal impairment dose packs and [adjust the tablets](#), or help patients find supply at another pharmacy if out of stock
- Keep public and private supply separate in your pharmacy
- PharmaCare is currently reviewing Paxlovid for coverage. Coverage decisions will be published in a future PharmaCare Newsletter

Dispensing instructions

If using the renal impairment dose packaging (DIN: 02527804) for a patient requiring the full dose:

- Dispense 2 renal impairment dose packages
- From 1 package, remove one ritonavir 100 mg (white tablet) from both the morning and evening dose of each daily card and discard the extra ritonavir tablets

Additional information

Paxlovid was previously supplied federally by the Public Health Agency of Canada (PHAC). This program has come to an end, and each province is reviewing Paxlovid for coverage through their usual processes.

Paxlovid is unnecessary for most people living in B.C. The drug is only beneficial to groups that are considered at higher risk of progressing to serious illness, such as patients who are severely immunosuppressed. Lower-risk patients including people aged 70 years or older without serious comorbidities are not likely to benefit from treatment. Since Paxlovid became available in January of 2022., B.C. residents have developed even stronger immunity to COVID-19 through previous infections and widespread vaccinations.

Treatment decisions should also consider safety risks, as Paxlovid is known to interact with many medications and is associated with adverse effects. Refer to [COVID-19 Care Treatments](#) for more information.

Resources

- [March 2024 PharmaCare Newsletter \(page 6\)](#)
- [Paxlovid: Guidance for B.C. pharmacists](#)
- [HLTH 2368 - Nirmatrelvir/ritonavir \(Paxlovid®\) 5-day Treatment Pack Prescription](#)
- [COVID-19 Care Treatments](#) – BC COVID-19 Therapeutics Committee

Vyvanse covered during dextroamphetamine shortage

As of April 5, 2024, Vyvanse (lisdexamfetamine) capsules are **temporarily** a regular benefit until dextroamphetamine sustained-release (SR) capsules (brand name Dexedrine or generic formulations) are back in stock.

Dextroamphetamine immediate-release (IR) tablets remain in stock and are regular benefit. Vyvanse chewable tablets remain a non-benefit.

The Drug Benefit Council's clinical evidence review determined similar efficacy and safety between IR and extended-release (ER) formulations in adult and pediatric patients, and no significant differences between the ER stimulant drugs; however, there may be other differences (such as ability to sprinkle some medications).

Pharmacists should consult with the prescriber to assess appropriateness and to issue a new prescription. Dextroamphetamine and lisdexamfetamine are controlled drugs and switching to Vyvanse (lisdexamfetamine) may not be suitable for all patients.

As per College of Pharmacists of BC's [PPP-58: Adapting a Prescription](#), a pharmacist must not make a therapeutic substitution of a prescription, for a narcotic, controlled drug or targeted substance.

Coverage of Vyvanse is temporary until April 19, 2024. Future coverage will need Special Authority, with patients meeting the [coverage criteria](#). Coverage is not available for diagnoses other than ADHD.

Visit [Drug shortages](#) for more information.

Resources

- [Drug shortages](#)
- [Special Authority criteria – lisdexamfetamine](#)
- College of Pharmacists of BC's [PPP-58: Adapting a Prescription](#)
- [PAD refill – Vyvanse vs Dexedrine](#)

Medical Laboratory Week – April 14-20

As the March celebrations for [Pharmacy Appreciation Month](#) wind down, B.C. will join the rest of Canada in celebrating Medical Laboratory Week, April 14 – 20, to recognize the important contributions of medical laboratory professionals.

Medical laboratory professionals include laboratory technologists, combined laboratory and x-ray technologists, laboratory medicine physicians, pathologists, assistants and administrators. These professionals meet with patients, collect and analyze samples, distribute and interpret results, and provide quality assurance in hospital and community laboratory facilities. They play a vital role in healthcare and patient advocacy.

Their efforts are often invisible within the larger health care system, but the work they perform is critical for the diagnosis of disease and medical research. Approximately 50 to 70 percent of all clinical decisions (and 100 percent of all cancer diagnoses) are based on laboratory test results. In B.C., over 4,200 different publicly funded diagnostic tests are available and more than 55 million outpatient laboratory tests are performed each year.



Who are medical laboratory technologists?

Medical laboratory technologists (MLT) analyze tissue samples, blood and other body fluids. They provide results to physicians for a diagnosis and potential treatment. There are three MLT designations: general, clinical genetics, and diagnostic cytology.

Combined laboratory and x-ray technologists collect, prepare and analyze patient samples. They conduct medical laboratory tests and administer electrocardiograms. They are also responsible for general radiography exams (X-ray).

Refer to [Who are Lab Professionals \(PDF, 824KB\)](#) to learn more about the various medical laboratory roles.

The COVID-19 pandemic shone a spotlight on these unsung heroes, who in B.C. collected, analyzed, and interpreted millions of samples as the virus spread. While many witnessed the pandemic from the safety of their homes, medical laboratory professionals commuted to and from work every day and continue to provide accurate and timely laboratory test results.

Take a moment to thank medical laboratory professionals for their hard work and dedication during Medical Laboratory Week! Visit [National Medical Laboratory Week 2024](#) to learn more about Medical Laboratory Week and some of the week's events, including Lights for Lab.

Resources

- Canadian Society for Medical Laboratory Science – [National Medical Laboratory Week 2024](#)
- National Medical Lab Week Handbook – [LabWeek-2024-Handboo \(PDF, 1.3MB\)](#)
- Learn about lab professionals – [Who are Lab Professionals \(PDF, 824KB\)](#)

Therapeutics Letter – Screening to reduce fragility fractures

The Therapeutics Initiative recently published a Therapeutics Letter that reviewed randomized controlled trials of community-based screening programs for the primary prevention of fragility fractures. Visit [Therapeutics Initiative \[147\]](#) to read the letter.

Resources

- [Therapeutics Initiative | \[147\] Screening to reduce fragility fractures: new trials, still ineffective](#)

RAT kit payment update

Since the last newsletter, PharmaCare has paid pharmacies for COVID-19 rapid antigen test (RAT) kit distribution as follows:

Payment month	Payment date
January 2024	April 3, 2024

Pharmacies are paid \$75 for each case of RAT kits distributed, and pharmacists are reminded to enter the correct PIN for each case of RAT kits distributed.

- BTNX: 66128325
- Artron: 66128338

Resources

- [2023 PharmaCare Provider Payment Schedule \(PDF\)](#)
- [2024 PharmaCare Provider Payment Schedule \(PDF\)](#)

Policy spotlight: Your Voice

Your Voice

B.C. patients, caregivers and patient groups can complete a **Your Voice** survey to share their experiences and opinions about the drugs and devices PharmaCare is considering covering.

A survey usually takes 15-20 minutes to complete.



Your Voice surveys gather information about your (or the patient's) experience with:

- The condition
- Treatments for the condition
- The drug under review



B.C. residents can complete a Your Voice survey if they:

- Have the medical condition the drug would treat, or
- Are a caregiver for someone with the condition the drug would treat, or
- Represent a patient group for B.C. patients with the condition the drug would treat

Policy manual: [Section 6.5 – Drug Review Process](#)

Learn more: www.gov.bc.ca/bcyourvoice

Policy Spotlight: Your Voice 

Resources

- PharmaCare Policy Manual: [Section 6.5 – Drug Review Process](#)
- Learn more: [Your Voice](#)

Formulary and listing updates

Limited Coverage benefits: lurasidone (generics)

PharmaCare has added the following Limited Coverage items to the PharmaCare drug list. Special Authority approval is required for coverage.

Drug name	lurasidone (generics)		
Date effective	March 7, 2024		
Indication	Management of schizophrenia and depressive episodes associated with bipolar I disorder.		
DIN	Refer to the Low Cost Alternative (LCA) and Reference Drug Program (RDP) Data Files webpage for eligible DINs.	Strength & form	20 mg, 40 mg, 60 mg, 80 mg, 120 mg tablets

EDRD coverage for pegcetacoplan (Empaveli™)

Effective March 6, 2024, the Ministry of Health initiated funding of pegcetacoplan (Empaveli™) through PharmaCare's case-by-case Expensive Drugs for Rare Diseases (EDRD) process. Clinicians may apply for funding through this process for eligible patients with paroxysmal nocturnal hemoglobinuria. Pegcetacoplan will be distributed through Innomarpharmacy™.

Initial applications will be approved for up to twelve months, but it will be the responsibility of the prescribing physician to request continued Ministry funding thereafter.

Drug name	pegcetacoplan (Empaveli™)		
Date effective	March 6, 2024		
Indication	For the treatment of paroxysmal nocturnal hemoglobinuria.		
PIN	02533294	Strength & form	1080 mg/20 mL solution for subcutaneous infusion

Non-benefits: Lemborexant (Dayvigo®), Deferiprone (Ferriprox™)

PharmaCare has decided not to cover the following drugs for the noted indications.

Drug name	lemborexant (Dayvigo®)		
Date effective	March 14, 2024		
Indication	For the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.		
DIN	02507366 02507374	Strength & form	5 mg tablet 10 mg tablet

Drug name	deferiprone (Ferriprox™)		
Date effective	March 14, 2024		
Indication	For the treatment of patients with transfusional iron overload due to sickle cell disease (SCD) or other anemias.		
DIN	02436558 02436523	Strength & form	1,000 mg oral tablet 100 mg/mL oral solution

Your Voice: Input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is integral to [B.C.'s drug review process](#). If you know someone who is taking one of the drugs below or who has a condition any of the drugs treat, please encourage them to visit www.gov.bc.ca/BCyourvoice.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
rivaroxaban (Xarelto®)	Treatment and prevention of venous thromboembolic events (VTE) in pediatric patients	March 27 to April 23 at 11:59 pm
insulin icodec (Awiqli®)	Type 2 diabetes mellitus (T2D) in adults	March 27 to April 23 at 11:59 pm
evolocumab (Repatha®)	Primary hyperlipidemia in adults, including heterozygous familial hypercholesterolemia (HeFH) and atherosclerotic cardiovascular disease (ASCVD)	March 27 to April 23 at 11:59 pm



Did you know?

In 2016, the Alzheimer's Drug Therapy Initiative (ADTI) was completed, and coverage of cholinesterase inhibitor drugs for Alzheimer's disease began. Read [PharmaCare Trends 2021-22 \(PDF, 865KB\)](#) for more PharmaCare facts.