

BC PHARMACARE NEWSLETTER

Edition 19-006

August 27, 2019



In this edition

MIFEGYMISO® COVERAGE MOVED TO PLAN Z.....	1
MEDICAL SERVICES PLAN PREMIUM ELIMINATION.....	2
METHADONE PROVIDER SUBCLASS CHANGED TO OPIOID AGONIST TREATMENT PROVIDER SUBCLASS.....	2
SPECIAL AUTHORITY: ACCELERATED ADJUDICATION CLARIFICATION.....	3
YOUR VOICE: PATIENT INPUT NEEDED FOR DRUG DECISIONS.....	4
BENEFITS	4

MIFEGYMISO® COVERAGE MOVED TO PLAN Z

Effective August 27, 2019, PharmaCare coverage for Mifegymiso® will be provided under Plan Z.

Pharmacies with remaining Mifegymiso stock obtained from the BC Centre for Disease Control (BCCDC) should use that stock before ordering through their regular distributor, or if stock cannot be used before its expiry date, contact a higher-volume pharmacy to arrange a transfer. The PIN for BCCDC stock will remain valid until July 31, 2020, to clear all remaining stock.

Please see the drug listing table on page 4 to confirm the regular DIN for Mifegymiso. Do not use the DIN for claims for BCCDC stock.

Exceptional Coverage Process

Please note that all B.C. residents with active MSP coverage are Plan Z beneficiaries and receive 100 percent coverage for Mifegymiso. Residents who have completed their MSP registration, but who have not yet completed the mandatory 3-month waiting period, may receive exceptional coverage for Mifegymiso during their waiting period.

If a patient with a prescription for Mifegymiso has not yet completed their MSP waiting period, please fill and fax the [Plan Z Exceptional Coverage \(HLTH 5499\)](#) form to PharmaCare Special Authority at 1 855 812-1071.

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.



MEDICAL SERVICES PLAN PREMIUM ELIMINATION

Medical Services Plan (MSP) premiums will be eliminated as of January 1, 2020. Although this will have a limited impact to PharmaCare programs, you may receive questions from patients about this change.

The MSP program will remain mandatory, providing provincially insured health care benefits for eligible B.C. residents. Active MSP coverage is an eligibility requirement for many PharmaCare plans, including Fair PharmaCare and Plan Z.

The structure of MSP accounts will remain the same. Accounts will still include an account holder and, if applicable, a spouse and/or children. B.C. residents must continue to fulfill their MSP obligations under the *Medicare Protection Act*, including updating their MSP account due to address changes. Pharmacists should remind patients to let Health Insurance BC (HIBC) know when there are changes to their account. To easily update their MSP accounts online, patients can visit www.gov.bc.ca/managingyourMSPaccount.

For more information about MSP Premium Elimination, please go to www.gov.bc.ca/MSP/premium-elimination.

METHADONE PROVIDER SUBCLASS CHANGED TO OPIOID AGONIST TREATMENT PROVIDER SUBCLASS

The Provider Regulation (the Regulation) under the *Pharmaceutical Services Act* has been updated to reflect changes in prescribing and treatment for opioid use disorders, and support participation in the new Opioid Agonist Treatment (OAT) training program.

Previously, pharmacies were eligible to participate in the Methadone Maintenance Payment Program (MMPP) only when enrolled in the Methadone Maintenance Provider subclass. Participation in the MMPP is now contingent on continuing enrolment in the Opioid Agonist Treatment Provider Subclass (OAT Subclass). (Pharmacies enrolled in the Methadone Provider subclass do not need to re-enroll in the OAT Subclass.)

Continued enrolment in the OAT Subclass depends on pharmacies meeting the new training requirements for OAT. As described in [PharmaCare Newsletter 19-002](#), at least one pharmacist from every pharmacy enrolled in the OAT Subclass must complete the new OAT training provided by the BC Pharmacy Association by January 19, 2020. As per the College of Pharmacists of BC bylaws, every pharmacist dispensing medications for OAT must have completed this training by March 31, 2021.

Methadone remains the only medication for which witnessed ingestion is reimbursed by PharmaCare, and pharmacies wishing to participate in the MMPP that provides this reimbursement must be enrolled in the OAT Subclass.

The Regulation has also been updated to align the recordkeeping requirements of the OAT Subclass with the requirements in the College of Pharmacists PPP-66, particularly on the keeping of patient/prescription-specific logs.

Continued on next page...

Note that while section 13 of the Regulation requires all OAT prescriptions (i.e., prescriptions for methadone, buprenorphine-naloxone and Kadian for OAT) comply with the information requirements previously applicable to methadone prescriptions, there are two elements that the College of Pharmacists PPP-66 only requires for prescriptions for methadone, specifically: the dates on which the dosing is to begin and end; and a statement in both numeric and alphabetical form of the number of days each week that ingestion must be witnessed. As of July 19, 2019, and until notice is otherwise provided in the PharmaCare Newsletter, PharmaCare does not consider a prescription for an OAT drug other than methadone to be deficient if either or both of these two elements is absent from the prescription. PharmaCare Audit will not recover a claim for an OAT drug other than methadone based solely on the absence of one or both of these elements. The requirement for these two elements to be shown on prescriptions for methadone remains in effect.

Please also note that the Regulation requires that OAT prescriptions must include a valid prescriber ID issued by the College of Physicians and Surgeons of BC (CPSBC). However, prescriptions for OAT written by nurse practitioners are valid. PharmaCare Audit will not recover a claim for an OAT drug solely on the basis that the prescription was written by a nurse practitioner and does not include a CPSBC prescriber ID, provided the prescription includes the prescriber ID issued by the BC College of Nursing Professionals. This will be updated in the future.

SPECIAL AUTHORITY: ACCELERATED ADJUDICATION CLARIFICATION

As announced in the previous [PharmaCare Newsletter 19-005](#), the new Special Authority (SA) accelerated adjudication service is now available. Pharmacists may submit SA requests via the accelerated adjudication system for first-line angiotensin receptor blockers (ARBs) and first-line proton pump inhibitors (PPIs) when they adapt first-line ARB and PPI prescriptions, as the pharmacist acts as the prescriber in such cases.

Due to the large volume of SA requests for empagliflozin, SA approvals for all patients eligible for empagliflozin coverage have been pre-loaded into PharmaNet. Pharmacists are not able to request SAs for empagliflozin. If a patient does not have an SA for empagliflozin, their prescriber must submit the request, demonstrating that the patient meets the criteria.

A web page describing [Limited Coverage Drugs for a pharmacist audience](#) has been added to the PharmaCare website. Please refer to this page if you have questions about how and when pharmacists may request SAs for patients.

To access the accelerated adjudication SA service, prescribers and pharmacists may call the prescriber info line at 1 877 657-1188, select “automated requests” (option #2), and enter prescriber and patient information from a touch-tone phone. Average expected turnaround time for entry of an approved SA into PharmaNet is approximately one hour if received during regular work hours (8AM-4:30PM Monday to Friday, except holidays), but may be the next business day depending on time of day received and workload. SA staff will send the actual adjudication response via fax, typically on the same day.

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	vortioxetine hydrobromide (Trintellix®)
INDICATION	Major depressive disorder
INPUT WINDOW	August 21–September 18, 2019

BENEFITS

The following product has been added as a regular benefit under the Assurance plan (Plan Z):

DIN	PRODUCT	BENEFIT UNDER PLAN(S)	LISTING DATE
02444038	mifepristone-misoprostol (Mifegymiso®)	Z	August 27, 2019

Non-benefits

The following product has been reviewed and will not be listed as a PharmaCare benefit for the indications specified:

DIN	PRODUCT	STRENGTH/Form	INDICATION(S)
02459671	ustekinumab (Stelara®)	130 mg /26ml vial	Crohn's disease
02320681		90mg/mL syringe	

Note: ustekinumab (DINs 02320673 and 02320681) is a limited coverage benefit for psoriatic arthritis.