

BC

PHARMACARE NEWSLETTER

Edition 22-008: Aug 3, 2022

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 B.C.'s healthcare 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. Healthcare 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
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Refills

Your dose of drug information in between details

Q: Do you know the Why, Who, What, Where and How of nirmatrelvir/ritonavir (Paxlovid™)?

HINT: The answer is in the most recent edition of [PAD Refills](#). Don't forget to subscribe!

Payment for rapid antigen test distribution

As announced in [PharmaCare Newsletter 22-004](#), effective April 11, 2022, pharmacies receive \$75.00 for every case [distributed](#) of the Artron or BTNX COVID-19 rapid antigen test (RAT) kit.

PharmaCare has calculated the total monthly fees owed to each pharmacy at the rate of \$75.00 per case recorded with PIN 66128325. The May 2022 payment will be included in the July 25, 2022 weekly payment. The payment will appear on the Pharmacy Remittance Advice Form under the adjustment code “7–Manual Payment.”

Pharmacies are encouraged to order more RAT kits to maintain sufficient stock.

PRIME enrolment for registered psychiatric nurses (RPNs)

Registered psychiatric nurses (RPNs) who use PharmaNet to care for patients should enrol in PRIME between August 1 and August 31, 2022. Any health professional who uses PharmaNet to support them (e.g., unit clerk, medical office assistant) must also enrol in PRIME.

The BC College of Nurses and Midwives (BCCNM) recently sent them an email with their PharmaNet ID and instructions on how to enrol in PRIME. Refer to [BCCNM's July 8 announcement](#) for more information.

If an RPN has already enrolled in PRIME, they must log in to [PRIME](#) again, update/review their PRIME profile (including college information), accept the user terms of access, and share their approval notification again with the person/team in their workplace who sets up PharmaNet accounts.

The enrolment window for licensed practical nurses (LPNs) is September-October 2022, and the window for registered nurses (RNs) starts November 1, 2022.

Resources

- [PRIME web page \(with link to the application\)](#)

Questions?

- PRIMESupport@gov.bc.ca

Paxlovid™ moderate renal impairment packaging

Later this month (August 2022), pharmacies can order Paxlovid™ packaged specifically for people with moderate renal impairment. **Do not delay treatment until then:** pharmacists should continue to remove (and discard) 10 tablets of nirmatrelvir from the regular Paxlovid package when dispensing to people with moderate renal impairment, and use the regular Paxlovid DIN 02524031 with a quantity of 1 and *Renal* at the beginning of the SIG.

The new package (DIN 02527804) contains 10 tablets of nirmatrelvir 150 mg and 10 tablets of ritonavir 100 mg. It is for patients with an eGFR 30-59 mL/min. It may not be dispensed to patients with an eGFR ≥60 mL/min. You will enter a quantity of 1, but no longer need to add *Renal* at the beginning of the SIG.

DIN	Dose	Carton amount	Blister card amount
02524031 Paxlovid	Nirmatrelvir 300 mg and ritonavir 100 mg PO BID x 5 days	30 tablets divided into 5 daily-dose blister cards	4 nirmatrelvir tablets (150 mg each) and 2 ritonavir tablets (100 mg each) <i>Split into morning and evening doses</i>
02527804 Paxlovid renal pack	Nirmatrelvir 150 mg and ritonavir 100 mg PO BID x 5 days	20 tablets divided into 5 daily-dose blister cards	2 nirmatrelvir tablets (150 mg each) and 2 ritonavir tablets (100 mg each) <i>Split into morning and evening doses</i>

PharmaNet billing procedure

1. Enter the Paxlovid DIN 02524031 **OR** 02527804 in the DIN/PIN field
2. If necessary, enter \$0.01 for drug cost
3. If necessary, enter \$10 maximum for dispensing fee
4. Enter 1 pack in the QTY field
5. Enter 5 in the Days Supply field
6. In the PRACT ID field, enter the prescribers ID number

Patient support fees

Both the PAX-A (Clinical Assessment) and PAX-F (Follow-up) fees will apply to patients being dispensed either format of Paxlovid using the existing PINs (PIN 66128340 for PAX-A, and 66128313 for PAX-F).

For more information, refer to [Dispensing Paxlovid and monitoring adverse drug events: A guide for B.C. Pharmacists](#).

Elbasvir-grazoprevir (Zepatier®) delisting

On August 1, 2022, PharmaCare delisted elbasvir-grazoprevir (Zepatier®) 50 mg/100 mg tablet because of the manufacturer's decision to remove it from market.

Zepatier was listed as a limited coverage drug on March 1, 2017, as part of a coverage expansion of direct-acting antivirals for chronic hepatitis C (CHC). Zepatier was covered by PharmaCare until **July 31, 2022**, the date the manufacturer estimated that inventory would be depleted.

>> Refer to the updated [Adults with Chronic Hepatitis C information sheet \(PDF, 129KB\)](#)



Did you know?

In 2020/21, Plan C (Income Assistance) expenditures represented 74% of the total expenditure for all specialty plans, providing coverage to approximately 181,000 B.C. residents. Find more stats like this in [2020/2021 PharmaCare Trends](#).

Reminders

PharmaNet search for podiatrists

This is a reminder that the podiatrist practitioner reference ID in PharmaNet is **93**.

Following the podiatrist college amalgamation with the College of Physicians and Surgeons of BC (CPSBC), the reference code briefly changed.

When searching for a podiatrist in PharmaNet or recording the dispense of a podiatrist prescription, use **93** as explained in the [March 2021 PharmaCare Newsletter](#).

Enoxaparin biosimilars coverage

This is a reminder that on March 22, 2022, PharmaCare de-listed the enoxaparin originator (Lovenox®) and listed biosimilar versions Inclunox®, Noromby® and Redesca® as limited coverage benefits for the same conditions. PharmaCare covers only the biosimilars for new starts as of that date.

Existing PharmaCare patients taking Lovenox for prophylaxis and treatment of venous thromboembolism (VTE) will keep their current coverage until it ends.

Identify the biosimilar on Rx

When approved for the biosimilar, the patient receives coverage for all three biosimilar brands. Prescribers should write the name of the chosen biosimilar on the prescription and allow for substitutions if necessary. If the biosimilar brand is not specified, clarify this with the prescriber.

Resources: enoxaparin biosimilars

- [Prescriber Quick Reference Sheet: enoxaparin biosimilars and cancer-associated thrombosis \(PDF, 151KB\)](#)
- [Limited coverage criteria page](#)
- [Drug decision summary \(PDF, 185KB\)](#)

Non-benefits

As of July 19, 2022, PharmaCare has determined the following product will not be covered under the DINs below:

Drug name	colchicine (Myinfla™)	patiromer (Veltassa®)
Date effective	July 19, 2022	July 19, 2022
DIN	02519380	02481359 and 02481367

As of July 26, 2022, PharmaCare has determined the following product will not be covered under the DIN below:

Drug name	ozanimod (Zeposia®)	brolocizumab (Beovu®)
Date effective	July 26, 2022	July 26, 2022
DIN	02506009	02496976

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 www.gov.bc.ca/BCyourvoice.

Currently, input is needed for the following:

DRUG	empagliflozin (Jardiance®)
INDICATION	heart failure
INPUT WINDOW	July 27 to August 24, 2022

DRUG	maribavir (TBC)
INDICATION	post-transplant cytomegalovirus (CMV) infection
INPUT WINDOW	July 27 to August 24, 2022

DRUG	faricimab (Vabysmo™)
INDICATION	diabetic macular edema (DME)
INPUT WINDOW	July 27 to August 24, 2022

DRUG	nusinersen (Spinraza®)
INDICATION	spinal muscular atrophy (SMA)
INPUT WINDOW	July 27 to August 24, 2022

FNHA Partnership series: Coming Together for Wellness

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

Article #10: Coming soon September 2022

The FNHA partnership article series, Coming Together For Wellness, is coming to an end. The tenth and final article will appear in the September edition.

Have you read the others in the series? You can read or re-read them now:

- Article 1: [Coming together for wellness](#) – October 2021
- Article 2: [A history of resilience](#) – November 2021
- Article 3: [Cultural safety and humility](#) – December 2021
- Article 4: [The In Plain Sight report](#) – February 2022
- Article 5: [History of medication coverage for Indigenous Peoples in B.C.](#) – March 2022
- Article 6: [About the First Nations Health Authority's Plan W \(for Wellness\)](#) – April 2022
- Article 7: [How can I support Plan W clients?](#) – May 2022

- Article 8: [Accessing the first blood glucose test strips \(BGTS\) fill](#) – June 2022
- Article 9: [Next steps in Indigenous healthcare in B.C.](#) – July 2022

If you have comments or questions about the series or about cultural humility and cultural safety in community pharmacies, please send them to PharmaCareInfo@gov.bc.ca. We will try to address them in a future newsletter.

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!

A patient's story as a CUAET arrival

Nina arrived in Vancouver via the federal Canada-Ukraine Authorization for Emergency Travel (CUAET) program last weekend. Nina lives with a high blood pressure condition and urgently needs her medicine. She was unable to stock up on lisinopril before she fled Ukraine.

Unsure of what to do, she visits her nearest pharmacy and explains her situation with the help of a translator app on her phone.

The pharmacist, Jacob, had read in the [April 2022 PharmaCare newsletter](#) that emergency PharmaCare coverage is available for CUAET arrivals. He goes to the [PharmaCare forms web page](#) and prints off a copy of the [Emergency BC PharmaCare Coverage for Ukrainian Arrivals \(HLTH 5408\)](#) form. He directs Nina to the nearest walk-in clinic.

“Get a prescription for lisinopril and ask the doctor to fill out this form,” Jacob tells her.

The next day, Nina returns to the pharmacy with the completed form and her prescription for lisinopril. Jacob notices the PHN field is blank on the form. He asks if Nina has a Personal Health Number, to which she replies she doesn't know. He [checks PharmaNet](#) and see that she does not have a PHN.

Jacob then assigns Nina a PHN. He then calls HIBC's PharmaNet Help Desk and advises them he has received an Emergency BC PharmaCare Coverage for Ukrainian Arrivals form. He provides Nina's PHN.

HIBC records Nina's details and applies 48 hours of emergency Plan C coverage. Jacob fills her prescription for lisinopril (Zestril®). Nina pays \$0.

Jacob informs Nina that her emergency coverage expires after 48 hours, so now is the time to address any other urgent medication needs.

Jacob retains Nina's emergency coverage form in his records along with her prescription.