

# BC PHARMACARE NEWSLETTER

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December 7, 2021



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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](http://www.gov.bc.ca/pharmacarepharmacists)  
[www.gov.bc.ca/pharmacareprescribers](http://www.gov.bc.ca/pharmacareprescribers)  
[www.gov.bc.ca/pharmacaredeviceproviders](http://www.gov.bc.ca/pharmacaredeviceproviders)



Did you know?

In 2019-2020, British Columbians aged 45 to 49 years received the second-most PharmaCare reimbursements per beneficiary (\$2,200 per person).

Which age group do you think received the most reimbursements per beneficiary? See **Figure 8** of the [2019-2020 PharmaCare Trends](#).

## Biosimilars Initiative: Rapid-acting insulins

From November 30, 2021 to May 29, 2022, the [Biosimilars Initiative](#) is switching PharmaCare patients taking certain rapid-acting insulins (RAIs). During the six-month period, PharmaCare patients taking insulin lispro (Humalog®) and insulin aspart (NovoRapid®) should be switched to their biosimilar versions (Admelog® and Trurapi®, respectively) in order to maintain coverage. Admelog and Trurapi have been added as regular benefits to the PharmaCare formulary.

Switch period: November 30, 2021 to May 29, 2022		
Originator	PharmaCare-covered biosimilar	Conditions include:
insulin lispro (Humalog®)	Admelog®	type 1 diabetes
insulin aspart (NovoRapid®)	Trurapi®	type 2 diabetes

All PharmaCare patients taking Humalog or NovoRapid must meet with their prescriber to start the switching process if they wish to keep their PharmaCare coverage.

As of December 15, 2021, PharmaCare will no longer cover Humalog and NovoRapid for **new patients**. Only the biosimilar versions (Admelog or Trurapi) will be covered by PharmaCare for new starts.

Patients with coverage for Humalog Mix®25, Humalog Mix®50 or NovoMix® 30 before December 15, 2021 will not need to switch. Their coverage will continue. However, new patients will not be covered for these products after December 15, 2021, as they will be delisted.

During the switch period, Humalog and NovoRapid will remain covered for existing patients as they transition. This allows them time to be informed about the change, discuss their switching options with a prescriber or pharmacist, and if applicable, obtain a new insulin pen. New pens may be ordered through your usual distributor or directly from Sanofi at [Sanofi.Diabetes@SanofiCanada.com](mailto:Sanofi.Diabetes@SanofiCanada.com).

Effective May 30, 2022, PharmaCare will only cover the biosimilar versions of these RAIs. Special Authority requests for patients who are unable to transition to biosimilars will be considered on an exceptional, case-by-case basis.

### Biosimilar Patient Support Fee for Pharmacies

As key points of contact for patients, pharmacists bring valuable awareness to the switching process. Patients frequently turn to pharmacists as a source of health information.

Patients switching to biosimilar RAIs will require an initial new prescription; however, pharmacists can help identify and notify patients who might be involved. In recognition of this support, PharmaCare offers a \$15 per-patient support fee to pharmacies for their efforts. The fee is submitted as a PIN (66128298) in PharmaNet, to be paid 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 RAI that is subject to switching. If a PHN was involved in a previous switch period, you can still claim a support fee if you identify them to be impacted by the current switch. Support fees must be submitted within the switch period window.

## Retail pricing

Due to cost savings from the biosimilar switching of insulin lispro and insulin aspart, PharmaCare will simultaneously change coverage of all listed RAIs (including the added biosimilars) from maximum allowable cost (MAC) to [retail pricing](#):

- Humalog
- Admelog
- NovoRapid
- Trurapi
- Apidra
- Humalog Mix
- NovoMix

This change means patients who receive full coverage under their PharmaCare plan will no longer have to pay out-of-pocket costs, and the full retail price will count towards their Fair PharmaCare deductible and family maximum, similar to all other insulin products covered by PharmaCare. The impact on each family will depend on the rules of their PharmaCare plan.

## Resources

Pharmacies and prescribers can soon expect a letter in the mail. Many resources are also available online at [Biosimilars Initiative for Health Professionals](#):

- [Pharmacy quick reference sheet \(PDF, 160KB\)](#)
- [Prescriber quick reference sheet \(PDF, 163KB\)](#)
- For prescribers: [Patient List Request form \(HLTH 5844\) \(PDF, 972KB\)](#)
- [Biosimilars Initiative for Patients](#)
- [Patient information sheet – RAIs \(PDF, 195KB\)](#)

## COVID-19 administration fee increase on weekends (posted Dec 8, 2021)

Effective December 11, 2021 to March 27, 2022, PharmaCare will add a \$4.00 premium to the COVID-19 vaccination administration fee, for vaccines administered on weekends only. (Note: “weekend” refers to Saturdays, Sundays, and provincial statutory holidays.) This means the total fee for COVID-19 vaccines administered on weekends will be \$22.00 per shot. The fee for COVID-19 vaccines administered on weekdays remains at \$18.00 each.

The temporary increase is in recognition of the pressure on pharmacies to manage larger volumes of vaccinations on weekends, especially for COVID-19 booster shots, and the need for additional staff.

There is no new PIN or change in procedure for the premium weekend fee; enter claims in PharmaNet as usual (**on the date** the vaccine is administered).

**The \$18 fee will continue to be paid on a monthly schedule. The \$4 premium fee will be paid in a lump sum after March 27.** We will provide payment details closer to that time.

All COVID-19 vaccinations must be entered in PharmaNet **on the date** they are administered.

## Non-pharmacist eligibility

Effective immediately, COVID-19 vaccines administered in pharmacies by practitioners other than pharmacists (i.e. nurses, pharmacy students) are eligible for the vaccine administration fee, until the end of B.C.'s COVID-19 public health emergency. Administrations by non-pharmacist practitioners are also eligible for the \$4 weekend premium.

When entering claims for COVID-19 vaccines in PharmaNet for non-pharmacist administrations, please:

- Use a Pharmacist ID
- Enter "IMMSBC" followed by lot # and site/arm ("left" or "right") in the SIG field, each item separated by underscores \_.

Noting "IMMSBC" in the SIG (directions for use) field will indicate that the [ImmsBC application](#) has a clinical record of the patient's vaccination. A practitioner reviewing a patient record in PharmaNet must then check the ImmsBC application to review the full clinical record.

COVID-19 immunization administration claim (if administered by non-pharmacist)	
IMMSBC_LOT_SITE	IMMSBC_12345__LEFT

## Resources

- [Related Services List](#) for Plan M (Medication Management)
- [Publicly Funded Vaccines](#)
- PharmaCare Policy Manual, [Section 8.10](#)

## Pre-approval no longer required for plagiocephaly helmets

Effective January 1, 2022, device providers will no longer need to apply for pre-approval before dispensing a plagiocephaly helmet to patients who meet [eligibility criteria](#). A prescription from a recognized plagiocephaly clinic is no longer needed, but a physician's prescription is still required.

Providers must still keep a completed [PharmaCare Orthotic Benefit form \(HLTH 5450\) \(PDF, 529KB\)](#) and a copy of the child's prescription in the patient's file, along with any necessary supporting documents, for audit purposes.

Plagiocephaly helmets are custom-made cranial orthoses used to redirect a baby's head growth towards naturally rounding out. To qualify for PharmaCare coverage, the child must be diagnosed with plagiocephaly, brachycephaly and/or craniosynostosis and be registered with Fair PharmaCare, and/or covered by Plan C (Recipients of Income Assistance) or Plan F (Children in the At Home Program) before the helmet is dispensed.

For additional eligibility requirements, see [Section 5.7 of the PharmaCare P&O Manual](#).

## OAT-CAMPP requirement amended

The College of Pharmacists has amended [Professional Practice Policy – 66 Opioid Agonist Treatment \(PPP-66\)](#) to temporarily suspend the [OAT-Compliance and Management Program for Pharmacy \(OAT-CAMPP\)](#) training requirement

for pharmacists who are only providing the COVID-19 and/or flu immunizations, including boosters, during the COVID-19 public health emergency. The amendment is effective as of November 26, 2021.

This suspension is limited to those pharmacists who are only providing COVID-19 immunizations, including boosters, and/or flu immunizations, and will be lifted once the COVID-19 public health emergency ends.

PharmaCare providers enrolled in the OAT subclass may employ a pharmacist who has not completed OAT-CAMPP training, solely to administer COVID-19 and/or flu immunizations, without affecting the pharmacy's enrolment in the PharmaCare OAT provider sub-class.

## Pharmaceutical Care Management Strategy Advances

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The Ministry of Health's Pharmaceutical, Laboratory & Blood Services Division (PLBSD) has officially expanded its mandate. In addition to BC PharmaCare, the division now oversees the provisioning, management, and optimal use of pharmaceuticals, and pharmaceutical-related systems and services to improve patient outcomes in the B.C. health system.

To develop the Pharmaceutical Care Management Strategy (PCMS), PLBSD engaged more than 50 key stakeholders in pharmaceutical care management across the health sector. They provided their perspectives on the opportunities, challenges, and key capabilities for delivering on the expanded mandate. They included individual health professionals, patients, and representatives from the Provincial Health Services Authority, regional health authorities, professional colleges, community pharmacy, academic institutions, and health associations.

See the [PCMS web page](#) for more, and read the final report of the [Pharmaceutical Care Management Strategy \(PCMS\) \(PDF, 3.64MB\)](#) for full details.

## Expensive Drugs for Rare Diseases Update

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Effective October 29, 2021, the Ministry of Health initiated funding of burosumab (Crysvita®) through PharmaCare's exceptional [Expensive Drugs for Rare Diseases \(EDRD\) process](#). Clinicians may apply for funding through this process for eligible patients with X-linked hypophosphataemia (XLH). Burosumab will be distributed and dispensed through Innomar pharmacies.

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.

<b>Drug name</b>	burosumab (Crysvita®)		
<b>Date effective</b>	October 29, 2021		
<b>DIN</b>	02483629	<b>Strength and form</b>	10 mg/mL single-use vial for subcutaneous injection
	02483637		20 mg/mL single-use vial for subcutaneous injection
	02483645		30 mg/mL single-use vial for subcutaneous injection
<b>Covered under</b>	<a href="#">Expensive Drugs for Rare Diseases Process</a>		

Effective November 19, 2021, the Ministry of Health funds onasemnogene abeparvovec (Zolgensma®) for eligible spinal muscular atrophy patients through the [Expensive Drug for Rare Disease process](#). Onasemnogene abeparvovec is a gene therapy administered intravenously once per lifetime. At present, the only certified site to administer Zolgensma in B.C. is the BC Children's Hospital. Spinal muscular atrophy is diagnosed and managed by a small subset of specialist physicians.

<b>Drug name</b>	onasemnogene abeparvovec (Zolgensma®)		
<b>Date effective</b>	November 19, 2021		
<b>DIN</b>	02509695	<b>Strength and form</b>	solution for intravenous infusion
			supplied as 5.5 mL or 8.3 mL vials with $2 \times 10^{13}$ vector genomes/mL
<b>Covered under</b>	<a href="#">Expensive Drugs for Rare Diseases Process</a>		

## Reminders

### Immediate coverage available to FNHA clients

As a reminder during the current state of emergency due to flooding, the First Nations Health Authority (FNHA)'s [Transitional Coverage Request](#) (TCR) allows immediate coverage for eligible drugs and medical supplies and equipment. The TCR is a manual claim process that reimburses pharmacists for a one-time fill, in cases of unexpected coverage issues.

The FNHA will pay pharmacists a \$10 service fee, in addition to the drug cost and dispensing fee (up to the PharmaCare maximum). The following PIN will show on your payment statement from FNHA's partner, Pacific Blue Cross: 36420005 – TCR payment.

### FNHA clients without Plan W

The TCR also supports Plan W enrolment. If a FNHA client does not have Plan W as their primary drug plan, the pharmacist can submit a TCR with a completed [MSP enrolment form](#) to indicate that the client requires Plan W enrolment. FNHA will reimburse pharmacists a \$10 service fee for this support for Plan W enrolment. The following PIN will appear on your Pacific Blue Cross statement: 36420006 – MSP enrolment payment. Plan W provides the most comprehensive drug coverage for FNHA clients.

For any questions about Transitional Coverage Requests, please contact FNHA at 1-855-550-5454.

## Smoking Cessation Program product changes

As mentioned in [PharmaCare Newsletter 21-009](#), Nicorette® 2 mg and 4 mg lozenges will be assigned new Natural Product Numbers (NPNs) by April 2022 (exact date to be confirmed) due to a change in manufacturer.

In the meantime, both products will have temporary NPNs until April 2022. Since September, the 4 mg lozenge has been available under both its current and temporary NPN. As of December 1, 2021, the 2 mg lozenge is also available under both its current and temporary NPN.

See the table below for current and temporary NPNs for both lozenges:

Brand	Product type and strength	Pack size	Current NPN	Temporary NPN	New NPN (Apr 2022)
Nicorette®	lozenge 2 mg	80	02247347	80053099 (effective December 2021)	TBD
Nicorette®	lozenge 4 mg	80	02247348	80053100 (effective September 2021)	TBD

Note: Nicorette mint flavour only

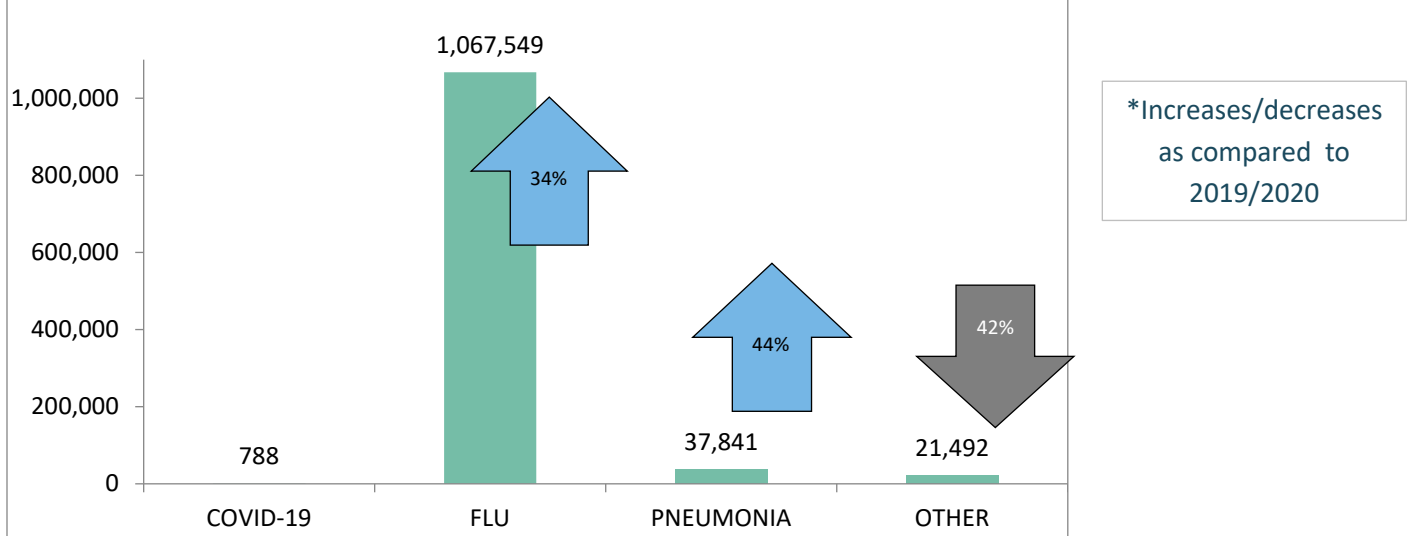
In April 2022, coverage for **current** NPNs of both products will end. It's expected that coverage for temporary NPNs and new NPNs will continue for four months, until August 2022. After August, only the new NPNs will be covered.

Coverage for both NPNs is to give pharmacists time to transition their stock.

## Clinical Services Fees – April 1, 2020 to March 31, 2021

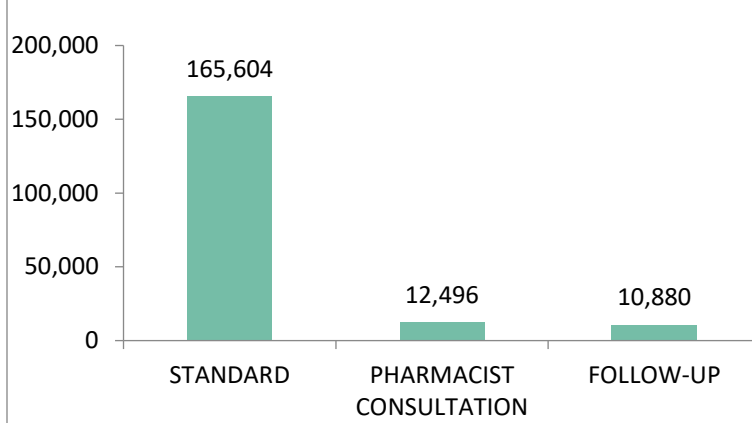
Pharmacists are hard at work every day in B.C.—and not just in response to crises. Clinical services fees charged by B.C. pharmacists in fiscal year 2020-21 demonstrate the volume of services provided and claimed across the province.

### Number of Immunization Administration Fees Claimed, 2020/21 (for publicly funded vaccines)

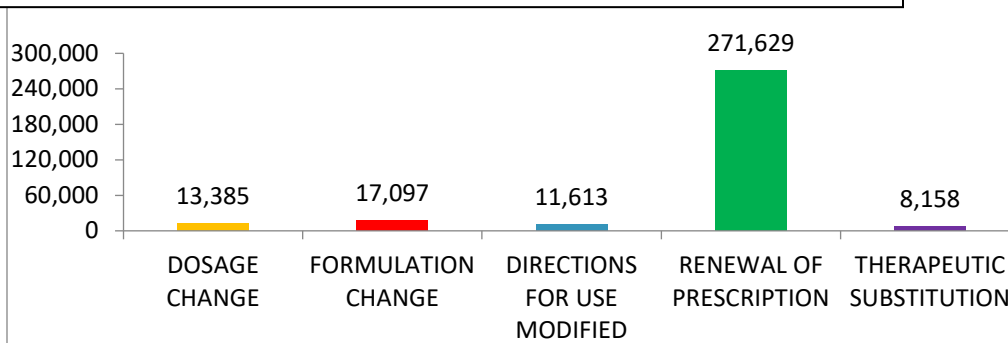


Note: Community pharmacies began administering COVID-19 vaccines on March 30, 2021.

### Number of Medication Review Services Fees Claimed, 2020/21



### Number of Prescription Adaptation and Renewal Fees Claimed, 2020/21





## Year-end reminders

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### Help Desk holiday hours

The PharmaNet Help Desk will be closed from 10:15 pm on Friday, December 24, 2021 until 10:15 pm on Saturday, December 25, 2021.

If you experience connection problems during this time, please call 250-361-5790.

The Interactive Voice Response system will be available at the Help Desk phone numbers.

### Year-end change window

To allow for annual routine maintenance activities:

- Fair PharmaCare registration online and by phone will be unavailable starting at 7:30 am on Friday, December 31, 2021
- Online registration will be available by 8 am on Saturday, January 1, 2022
- Phone registration will be available at 8 am on Tuesday, January 4, 2022

### Blood glucose test strips

On January 1, 2022, patients will be assigned their annual limit of blood glucose test strips (BGTS). Please ensure you use the correct Within Annual Limit PIN listed on the [Diabetes Product Identification Numbers web page](#) for claims, until patients exceed their annual limit.

The list of blood glucose test strips eligible for PharmaCare coverage changes on a regular basis. Please consult the [list of eligible test strips](#) before submitting claims.

All strips purchased by a patient, regardless of the payer, count toward the patient's annual limit.

### BGTS information for patients

Information on the [PharmaCare Quantity Limits for Blood Glucose Test Strips](#) is available in [multiple languages](#).

### Fair PharmaCare deductibles for 2022

On January 1, 2022, PharmaNet will be updated to reflect 2022 annual deductibles and family maximums. Deductible accumulations will be reset to zero.

Fair PharmaCare coverage levels for 2022 are based on family net income for 2020. Income from Registered Disability Savings Plans is not included in the determination of assistance levels.

### Deductible information for patients

Fair PharmaCare registrants can get information about their deductible and family maximum by:

- [Requesting a Confirmation of Fair PharmaCare](#) letter be mailed to them
- Calling Health Insurance BC (Monday to Friday, from 8 am to 8 pm; Saturdays, 8 am to 4 pm)  
From the Lower Mainland at 604-683-7151  
From the rest of B.C., toll-free, at 1-800-663-7100

## Non-benefits

The following product has been reviewed and won't be listed as a PharmaCare benefit under the DIN below:

Non-benefit decision date: November 16, 2021		
Product	Strength and form	DIN
triamcinolone hexacetonide	20 mg/mL injectable suspension	02470632

## 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:

<b>DRUG</b>	fostamatinib (Tavalisse®)
<b>INDICATION</b>	chronic immune thrombocytopenia (ITP)
<b>INPUT WINDOW</b>	Nov 17 to December 15, 2021

<b>DRUG</b>	human insulin (Entuzity™ KwikPen®)
<b>INDICATION</b>	diabetes mellitus
<b>INPUT WINDOW</b>	Nov 17 to December 15, 2021

<b>DRUG</b>	ravulizumab (Ultomiris®)
<b>INDICATION</b>	paroxysmal nocturnal hemoglobinuria (PNH)
<b>INPUT WINDOW</b>	Nov 17 to December 15, 2021

<b>DRUG</b>	trientine HCl (Waymade-Trientine)
<b>INDICATION</b>	Wilson's disease
<b>INPUT WINDOW</b>	Nov 17 to December 15, 2021

## FNHA Partnership series: Coming Together for Wellness

The First Nations Health Authority (FNHA) and the Ministry of Health are collaborating on a series of ten articles to increase awareness of First Nations perspectives in health care and to build cultural safety and humility in pharmacies across B.C. This is the third article in the [series](#).

### Article #3: Cultural Safety and Humility

**Cultural safety** is an outcome. It is an environment free of racism and discrimination, where people feel safe. It is based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system.

**Cultural humility** is a process of self-reflection. It involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Everyone has a right to health care that is safe, and free of racism and discrimination. A person is safe when they can voice their perspectives, ask questions, and feel that their beliefs and values are respected.

The aggressive tactics and policies of colonialism included the suppression of traditional First Nations [health and wellness](#) knowledge, values and practices. Attempts to assimilate First Nations people left a legacy of trauma, as well as health and social inequities.

The impacts of colonialism continue today. First Nations people are often excluded from decision-making about their health and wellness, and often experience stigma and discrimination in health care interactions.

In 2017, the College of Pharmacists of B.C. (the College) and other health regulators signed the [Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in B.C. and published Our Commitment to Cultural Humility](#), a strategy to engage pharmacy. This year, B.C.'s four largest health regulatory colleges, including the College of Pharmacists of B.C., apologized to Indigenous People and signed [a pledge to be anti-racist](#).

“Our pledge now is to become anti-racist and to support the health professionals we regulate to do the same. We will take this journey together, knowing that recognizing racism in ourselves and others will not be comfortable or easy.”

- College of Pharmacists of B.C.

B.C.'s pharmacy professionals are encouraged to:

- Complete cultural safety training
- Learn about and practice cultural humility
- Explore and work to address personal and systemic biases
- Develop respectful processes and relationships based on mutual trust

Cultural safety and humility training resources are available for B.C. health professionals working with Indigenous people.

- The [San'yas Indigenous Cultural Safety \(ICS\) course: Core ICS Health](#) is a facilitated on-line training program offered by the Provincial Health Services Authority (PHSA). The goal is to improve health outcomes for Indigenous people.
- The [National ICS Learning Series](#) is an ongoing series of webinars hosted by the Provincial Health Services Authority (PHSA) Indigenous Health ([www.sanyas.ca](http://www.sanyas.ca)). The webinars are intended for people who wish to know

more about Indigenous Cultural Safety and who may be working with Indigenous people in varying capacities across settings.

Extra reading:

- ❖ [FNHA-Policy-Statement-Cultural-Safety-and-Humility](#)
- ❖ [FNHA Anti-Racism, Cultural Safety and Humility Action Plan](#)
- ❖ [The College's Cultural Safety and Humility ReadLinks Series](#)
- ❖ [Creating A Climate For Change](#)
- ❖ [In Plain Sight Summary Report](#)

➤ Next in the Coming Together for Wellness Series: The In Plain Sight Report