

BC PHARMACARE NEWSLETTER

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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



Refills

Your dose of drug information in between details

Q: Is 300 mg per day the target dose of bupropion (Wellbutrin®) for major depressive disorder?

A: The answer is in the current edition of [PAD Refills](#). Make sure to subscribe so you don't miss out on news and updates!



Coverage for CGMs and FGMs now specific to device

On November 7, 2023, [Dexcom G7 continuous glucose monitor \(CGM\)](#) was listed as a benefit on the PharmaCare formulary. It joins Dexcom G6 CGM and [Abbott's FreeStyle Libre 2](#) flash glucose monitor (FGM) as PharmaCare limited coverage benefits.

As a result of this listing, Special Authority (SA) coverage for continuous and flash glucose monitors (CGM, FGM) is now approved for a specific device instead of for a glucose monitor, generally.

As this new coverage policy takes effect, coverage will be determined differently for patients requiring initial and renewal of coverage, or patients currently receiving coverage.

New and renewal SA requests

For new and renewal reimbursement requests, the SA form has been updated so that clinicians identify the specific PharmaCare-covered glucose monitor that the patient will be using -- the [Dexcom CGM](#) or the [FreeStyle Libre FGM](#).

Patients currently in a 1-year or 5-year coverage period

For patients in the middle of a coverage period (1 year initial or 5 year renewal), clinicians do **not** need to submit a new SA request to maintain a patient's coverage. Coverage will continue as usual for 12-months (until November 7, 2024), or until the time of their renewal, whichever is earlier.

- If an SA renewal occurs before November 7, 2024: the renewal SA request must identify the device the patient will be using
- If an SA renewal occurs after November 7, 2024: patients will receive coverage for the device they most recently received coverage for

If a patient in a coverage period wants to switch monitor types

Patients can still switch brands while in a coverage period.

- New patients before November 7, 2024 – a new SA request must be submitted
- All patients after November 7, 2024 – a new SA request must be submitted

Resources

- [CGMs and FGMs coverage quick reference \(PDF, 1.4MB\)](#)

New practitioner ID code (M9) added to PharmaNet for certified physician assistants

The College of Physicians and Surgeons of BC will begin registering physician assistants to work under the delegation and supervision of physicians in emergency departments in B.C. Registered physician assistants will be permitted to prescribe. Pharmacies can expect prescriptions written by registered physician assistants.

The new PharmaNet practitioner ref ID for registered physician assistants is M9. Pharmacists must enter the prescriber's 5-digit practitioner ID, last name, and enter or select the new practitioner reference ID (M9) for transactions to adjudicate correctly.

Insulin coverage extensions and transitions for certain insulin pumps

Humalog® transition – November 30, 2023 - May 30, 2024

The insulin lispro biosimilar Admelog® is now approved by Health Canada for use with Omnipod and Ypsomed insulin pumps, as well as Medtronic.

PharmaCare is providing transition coverage for people currently using the originator insulin lispro (Humalog) with Omnipod, Ypsomed and Medtronic pumps, to May 30, 2024, to allow people time to switch to the insulin lispro biosimilar Admelog, a regular benefit. New approvals for insulin pumps will be expected to use Admelog.

For more information, visit [Biosimilars Initiative for health professionals](#) and watch for future newsletters.

NovoRapid® extension – November 30, 2023 - November 30, 2024

PharmaCare is automatically renewing coverage for people currently covered for the originator insulin aspart (NovoRapid®) with Medtronic, Ypsomed, Tandem, and Omnipod pumps, for 12-months to November 30, 2024.

This coverage is being extended as Health Canada has not yet approved these insulin pumps for use with the insulin aspart biosimilars Trurapi® and Kirsty, which are PharmaCare regular benefits. PharmaCare anticipates Health Canada will approve these pumps for use with the insulin aspart biosimilars by the end of the current extension.

The extension is for those NovoRapid users who qualified for the previous extension to November 30, 2023, announced in the [November 2022 PharmaCare Newsletter](#).

Paxlovid assessment fee winds down

As announced in the [March 2023 PharmaCare Newsletter](#), the temporary \$30 Paxlovid assessment fee (PAX-A) will end on December 31, 2023.

PAX-A was introduced with the advent of Paxlovid, in June 2022, for pharmacist assessment of complex patients prescribed Paxlovid. The fee accounted for the time required, in the midst of the pandemic, to review and assess multiple drug-drug interaction (DDI) checks and to support prescribers and patients in managing DDIs.

PharmaCare thanks pharmacists for the rapid implementation of Paxlovid during the COVID-19 pandemic and their ongoing role in ensuring timely access to the antiviral.

Exchange rate update for prosthetic and orthotic components

As of November 1, 2023, PharmaCare's exchange rate has increased from \$1.3241 to \$1.3871*.

PharmaCare's price list for prosthetic and orthotic components is adjusted periodically, based on changes to the U.S. exchange rate posted by the Bank of Canada. When the rate changes by at least 5 cents over at least 5 consecutive business days, PharmaCare's exchange rate is adjusted to reflect the new rate. This condition was met for the period beginning November 1, 2023.

*This amount was incorrectly published at \$1.3806 on December 5, 2023, and corrected on December 6.

Please enter correct addresses in PharmaNet

Since April 1 of this year, PharmaCare has found 323 PHNs in PharmaNet with incorrect addresses. The most common error shows USA as the country, but B.C. as the province. This disrupts Ministry recordkeeping.

Please double-check address information when entering prescriptions in PharmaNet.

Scope of Practice Corner

Minor Ailments and Contraceptive Service (MACS) monitoring and evaluation update

The Ministry is continuously monitoring and evaluating MACS.

Between June 1, 2023 and October 31, 2023:

- Approximately 166,000 MACS were provided
- More than 130,000 patients received MACS
- More than 1,300 pharmacies provided MACS (87% of community pharmacies*)
- Approximately 3,700 pharmacists provided MACS, approximately 55% of licensed B.C. pharmacists, or 70% of active community pharmacists*
- The greatest number of assessments were for:
 - urinary tract infections (uncomplicated) 21%
 - contraception 19%
 - allergic rhinitis 9%
 - conjunctivitis 7%
 - dermatitis 7%
- Of the minor ailment assessments, approximately 79% resulted in a prescription and 11% resulted in advice to see another healthcare provider



166,000+ claims



130,000+ patients



1,300+ pharmacies



3,700+ pharmacists

Top 5 MA assessment resulting in a prescription:

Ailment	% of claims resulting in RX
Herpes labialis (cold sores)	93%
Acne	88%
Urinary tract infection (uncomplicated)	88%
Gastroesophageal reflux disease/ dyspepsia	88%
Hemorrhoid	87%

Top 5 MA assessment resulting in a referral:

Ailment	% of claims resulting in Referral
Oropharyngeal candidiasis	19%
Vaginal candidiasis	19%
Shingles	19%
Headache	18%
Fungal infection	18%

The Ministry extends its appreciation to pharmacists for the ongoing success of MACS and pharmacists prescribing. For more information, refer to [Pharmacist scope of practice](#) and [PPMAC data](#).

*Submitted a PharmaCare claim in the year before program launch

MACS PINS with Rx for Schedule I drugs

Select the correct PIN when submitting a MACS claim in PharmaNet.

For Schedule I drugs:

- If a pharmacist prescribes: use “Rx” and “Rx other HCP”
- If submitting a prescription, but not prescribing: use the PS intervention code

For Schedule 2, 3 or 4 (non-prescription) drugs:

- Enter claim under pharmacist’s name. These are not considered prescribed by a pharmacist

Examples of drugs claimed under a pharmacist’s licence but not prescribed

Schedule 3 examples:

- Levonorgestrel, sold in concentrations of 1.5 mg or less per oral dosage unit to be taken as a single dose of 1.5 mg, packaged and labelled for emergency contraception
- Fluticasone propionate for allergic rhinitis in a nasal spray that delivers 50 mcg per metered spray, for individuals 18 years of age and older and in package sizes containing more than 360 metered sprays

Unscheduled and other examples:

- Nicotine replacement therapy in the form of a chewing gum containing 4 mg or less of nicotine per dosage unit; a transdermal patch with a delivery rate of 22 mg or less of nicotine per day; an oral form that delivers 4 mg or less of nicotine per dose for buccal absorption; or in the form of a lozenge containing 4 mg or less of nicotine per dosage unit – Unscheduled
- Other drugs where the schedule is different depending on the concentration per oral dosage unit, the days supply, or the patient’s age such as:
 - antihistamines (cetirizine, loratadine, desloratadine)
 - acid reducing agents (esomeprazole, omeprazole, famotidine)
 - fluconazole
 - ibuprofen
 - topical hydrocortisone

Please review the [Drug Schedules Regulation](#) for more information or to find the schedule of any drug.

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
September 2023	December 4, 2023

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 \(PDF\)](#)

COVID-19 rapid antigen tests give false negatives early in illness

Pharmacists are encouraged to let clients know that rapid antigen tests (RATs) often give false negatives early in the course of COVID-19, and that they should test several times if they are experiencing relevant symptoms over several days. The test requires large amounts of the virus in a sample to test positive.

For this reason, emergency departments and hospital settings in B.C. must now confirm COVID-19 diagnosis through nucleic acid amplification testing (NAAT). In exceptional cases where they must use a RAT in an outpatient setting, testing must have the approval and oversight of the health authority-affiliated point-of-care testing (POCT) program and microbiology laboratory. During the pandemic, BCCDC provided oversight and ensured accreditation and quality requirements for testing; this is now the responsibility of individual health authorities.

Resources

- [Diagnostic Accreditation Program](#)
- [BC Centre for Disease Control COVID-19](#)

Climate change series #1 – Pharmacy bottle exchanges

Canadian pharmacists dispense over 250 million prescriptions every year. Worldwide, the pharmaceutical industry produces about 194 billion plastic pill bottles a year, and despite many being recyclable, 90% of these bottles end up in landfills and the ocean.

According to the United Nations, plastic can take up to 500 years to decompose. Plastic in landfills and oceans breaks down into tiny toxic particles that contaminate soil and waterways and food chains, including our own.

Two pharmacists in Sudbury, Ontario, are trying to reduce plastic pill bottle waste. Seasons Pharmacy and Culinaria owners Rachelle Rocha and Laurie Pennell have implemented a reusable bottle program. Rocha got the idea when she was reusing lorazepam glass bottles for her spice collection. When a friend opened a zero-waste store, Rocha was further inspired to create a reusable bottle program at the pharmacy.

Pharmacist Rachelle Rocha got the idea when she was reusing lorazepam glass bottles for her spice collection.

Here's how the program works:

- Clients purchase an amber glass bottle
- Clients receive their prescription in the bottle
- Clients bring in their bottle when they need a refill
- The refill is dispensed in a clean replacement bottle
- The staff place used bottles into their sanitizing dishwasher and, as needed, scrub off labels

Another pharmacy, in Nova Scotia, has implemented a similar bottle program. Sisters Alicia and Miranda Teasdale, alarmed by how much waste pharmacies created, opened Teasdale Apothecary Co. in their home town of Antigonish, and connected with Quebec-based Green Pharmacies, which produces reusable containers and supports pharmacies that want to reduce their plastic waste.

Here's how their program works:

- Clients fill out a customer agreement. The customer agreement outlines expectations for removing labels and cleaning bottles with soap and water before returning or swapping bottles. It also explains which medications cannot be dispensed in a glass bottle
- Depending on the size needed, clients pay a one-time \$2 or \$3 deposit for the glass prescription bottle to cover the replacement cost in case the bottle is lost or damaged. If no refills or prescriptions are needed, clients can choose to leave the deposit in the system for future use or have it refunded
- Clients can choose child-safe or easy-open bottle caps
- Clients get their prescription filled
- For refills, clients get a new glass bottle in exchange for the old bottle
- Pharmacists use a high medical grade sanitizer to clean returned bottles for reuse

Alicia and Miranda Teasdale say their expenses have gone down because the pharmacy now rarely restocks plastic prescription bottles. The bottles have the same benefits as plastic bottles, such as blocking ultraviolet light and moisture. At Seasons Pharmacy and Culinaria, arthritis patients have said that it is easier to grasp the bottles because they are wider and heavier. “We have definitely attracted some new customers because we offer these reusable bottles,” Rocha says. She says about 30% of their customers choose to use the amber glass bottles. At Teasdale Apothecary Co., approximately 40% of their clients have opted for glass bottles.

While climate change can be scary, changes can be made. Teasdale Apothecary Co. has diverted 4,000 single-use plastic bottles from their waste stream since they implemented their program. “Customers are very supportive of the use of these bottles for their medication,” Rocha says. “It’s a small step, but at least it is a step in the right direction.”

Alicia and Miranda Teasdale are now working to make their pharmacy paper-free. Watch for articles in future newsletters about their paper-free tips, and about the B.C. landscape when it comes to reducing and reusing.

2023 year-end reminders

PharmaNet Help Desk holiday closure

The PharmaNet Help Desk will be closed from 10:15 pm on Sunday, December 24 until 10:15 pm on Monday, December 25, 2023.

If you experience problems connecting to PharmaNet during this time, please call 778-875-4287. The interactive voice response system will be available.

Fair PharmaCare registration holiday closure

To allow for annual maintenance, the Application for Health and Drug Coverage (AHDC) for MSP and Fair PharmaCare will be unavailable starting at 8 am Saturday, December 31, 2023.

- Online applications: unavailable from 8 am, Saturday, December 31 to 8 am on Sunday, January 1, 2024
- Phone applications: unavailable from 8 am, Saturday, December 31 to 8 am on Tuesday, January 3, 2024

2024 provider payment schedule

The weekly and monthly provider payment schedule for 2024 is available on our [information for pharmacies web page](#).

Blood glucose test strip annual quantity limits

On January 1, 2024, patients will be assigned their annual limit of blood glucose test strips (BGTS). Beginning January 1, please ensure you use the [regular BGTS PINs](#) listed for claims until patients exceed their annual limit.

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

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

BGTS information for patients

Patient information is available online about [PharmaCare quantity limits for BGTS](#) and as a printable patient information sheet, [Blood glucose test strips – annual limits \(PDF\)](#), available on our [patient info sheets web page](#).

Fair PharmaCare annual deductibles reset in the new year

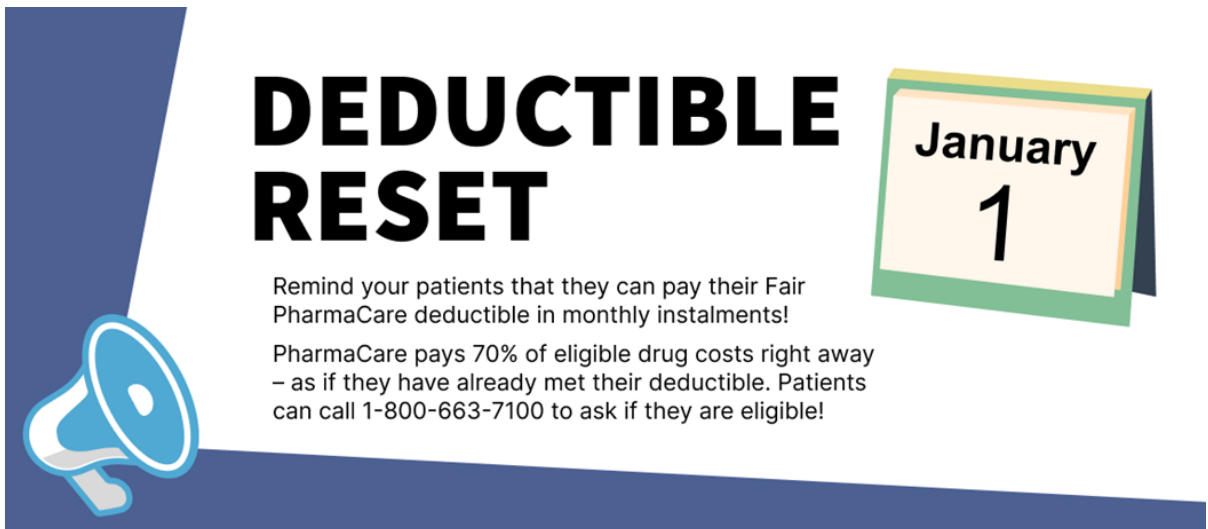
On January 1, 2024, PharmaNet will be updated with 2024 annual deductible and family maximum amounts. Deductible accumulations will be reset to zero.

Fair PharmaCare coverage levels for 2024 are based on a family's 2022 net income. Income from Universal Child Care Benefits, Registered Disability Savings Plans and some BC Housing subsidies is not included when determining coverage levels.

Deductible information for patients

This can be a stressful time for Fair PharmaCare beneficiaries as many are paying the full cost of their drugs. Please let them know that they may be eligible for PharmaCare's [monthly deductible payment plan](#). Once they register, PharmaCare immediately pays for 70% of their eligible drug costs. Fair PharmaCare registrants can get information about their deductible and family maximum by:


- Requesting a [confirmation of Fair PharmaCare coverage](#) letter or
- Calling us Monday to Friday, 8 am to 8 pm and Saturdays 8 am to 4 pm from the Lower Mainland at 604-683-7151 or from the rest of B.C., toll-free, at 1-800-663-7100



DEDUCTIBLE RESET

Remind your patients that they can pay their Fair PharmaCare deductible in monthly instalments!

PharmaCare pays 70% of eligible drug costs right away – as if they have already met their deductible. Patients can call 1-800-663-7100 to ask if they are eligible!



Formulary and listing updates

Limited Coverage benefits: CGM system (Dexcom G7®), abrocitinib (Cibinqo®), upadacitinib (Rinvoq®), ruxolitinib (Jakavi®)

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

Drug name	Dexcom G7® CGM system		
Date effective	November 7, 2023		
Indication	For glucose monitoring in patients with diabetes mellitus		
PIN	43120006 43120007	Strength & form	Dexcom G7® Receiver Dexcom G7® Sensor

Drug name	abrocitinib (Cibinqo®)		
Date effective	November 23, 2023		
Indication	Treatment of patients 12 years of age and older with moderate to severe atopic dermatitis		
DIN	02528363 02528371 02528398	Strength & form	50 mg tablet 100 mg tablet 200 mg tablet

Drug name	upadacitinib (Rinvoq®)		
Date effective	November 23, 2023		
Indication	Treatment of patients 12 years of age and older with moderate to severe atopic dermatitis		
DIN	02495155 02520893	Strength & form	15 mg extended-release tablet 30 mg extended-release tablet

Drug name	ruxolitinib (Jakavi®)		
Date effective	November 23, 2023		
Indication	<ul style="list-style-type: none"> • Treatment of acute graft-versus-host disease (aGvHD) in adult and pediatric patients aged 12 years and older • Treatment of chronic graft-versus-host disease (cGvHD) in adults and pediatric patients aged 12 years and older 		
DIN	02388006 02434814	Strength & form	5 mg and 10 mg tablets

Non-benefits: guselkumab (Tremfya®)

PharmaCare has determined the product will not be covered.

Drug name	guselkumab (Tremfya®)		
Date effective	November 29, 2023		
Indication	Treatment of adult patients with active psoriatic arthritis		
DINs	02469758 02487314	Strength & form	100 mg/mL solution in pre-filled syringe or patient-controlled injector

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
nirmatrelvir-ritonavir (Paxlovid™)	mild-to-moderate COVID-19 in adults at high risk for progression to severe COVID-19	November 22 to December 19 at 11:59 pm
metreleptin (Myalepta®)	for leptin deficiency in lipodystrophy	November 22 to December 19 at 11:59 pm
fidanacogene elaparvovec (TBC)	moderately severe to severe hemophilia B	November 22 to December 19 at 11:59 pm
belumosudil (Rezurock®)	chronic graft-versus-host disease (cGvHD)	November 22 to December 19 at 11:59 pm



Did you know?

Under Fair PharmaCare, the total professional fees paid between 2021 and 2022 were \$108.88 million. Read [PharmaCare Trends 2021-22 \(PDF, 865KB\)](#) for more details.