

BC PHARMACARE NEWSLETTER

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



Pharmacy users of PharmaNet must enrol in PRIME before April 30, 2022

All pharmacists and pharmacy technicians who use PharmaNet, and anyone accessing PharmaNet on their behalf, must be enrolled in PRIME by April 30, 2022 to maintain access.

Health professionals enrol in PRIME to request approval from the Ministry of Health to use PharmaNet to deliver patient care. PRIME is an online application.

New users

Anyone who needs access to PharmaNet for the first time (including pharmacy assistants, pharmacy students, and others who support pharmacists) can enrol in PRIME at any time – before accessing PharmaNet. Pharmacists and pharmacy technicians can enrol once they have an active college registration number.

Pharmacists and those who support them

Any pharmacist who uses PharmaNet can start enrolling in PRIME on **March 1, 2022**, and should be enrolled by April 30, 2022. If you have already enrolled in PRIME, you do not need to enrol again. You may be prompted to complete the annual enrolment renewal.

As of February 1, 2022, pharmacy technicians must enrol as independent users and will no longer be able to access PharmaNet on a pharmacist's behalf.

If you use PharmaNet to support a pharmacist (e.g. pharmacy assistant, pharmacy student), you should also enrol in PRIME between March 1 and April 30, 2022. If you are already enrolled in PRIME, you do not need to enrol again. You may be prompted to complete the annual enrolment renewal.

Pharmacy technicians: Enrol or re-enrol after February 1, 2022

Pharmacy technicians can now enrol as independent PharmaNet users, as of February 1, 2022. Previously, they accessed PharmaNet "on behalf of" a pharmacist, physician, or nurse practitioner. If you are a pharmacy technician who enrolled in PRIME before February 1, 2022, you must log back in to PRIME and:

- Review and update your information, if needed, including college information
- Review and accept the terms of access, which will now be for independent users
- Share your GPID with your PharmaNet administrator again

You will then have independent access to PharmaNet, and your own college ID will appear on the transactions you submit to PharmaNet. Note that pharmacy technicians are not permitted to have someone access PharmaNet on their behalf.

Other health professionals

If you are another type of health professional using PharmaNet (e.g. nurse practitioner, dentist, physician, etc.), you need to enrol in PRIME during a specific period in 2022 or 2023 to maintain access. Specific information will be coming from your college and the Ministry of Health closer to your enrolment periods. For details, see [PRIME Enrolment Dates](#).

Profession	PharmaNet user type	When you must enrol in PRIME
Pharmacy technician	Independent (Changed February 1, 2022 from on-behalf-of user)	February 1, 2022 – April 30, 2022
Pharmacist	Independent	March 1, 2022 – April 30, 2022
Pharmacy assistant, Pharmacy student	On-behalf-of	March 1, 2022 – April 30, 2022
Other PharmaNet users	Independent	See PRIME Enrolment Dates
Anyone who supports other PharmaNet users (e.g. medical office assistants)	On-behalf-of	See PRIME Enrolment Dates

Resources - How to enrol

To learn more about PRIME, see

- [PRIME web page \(with video enrolment tutorial\)](#)
- [BC Services Card app](#)

Questions?

Questions about PRIME should be directed to:

- 1-844-397-7463 *or*
- PRIMESupport@gov.bc.ca

Pharmacy technicians entering COVID-19 vaccines into PharmaNet

Although pharmacy technicians enrol in PRIME as independent PharmaNet users as of February 1, 2022, they should continue to follow the current procedure for PharmaNet COVID-19 vaccine entry for non-pharmacists. That is, COVID-19 vaccines should still be entered under the pharmacist ID until further notice.

Reminder: COVID-19 vaccinations by non-pharmacists

Under the Pharmacy Operations and Drug Scheduling Act, it is the responsibility of the pharmacy manager to ensure that all staff administering vaccines at their community pharmacy have the proper training and credentials to do so. If a person administering COVID-19 vaccinations at the pharmacy has a pre-existing ImmsBC account, this is not sufficient confirmation of their professional credentials.

As part of the province's response to the COVID-19 public health emergency, pharmacies are eligible to receive payment for COVID-19 vaccinations administered at the pharmacy by non-pharmacists who have been authorized to provide immunizations by their respective regulatory colleges.

Temporary \$1 fee for entering COVID-19 vaccine administrations in two systems (published Feb 14, 2022)

Effective immediately, PharmaCare will temporarily add \$1.00 to the COVID-19 vaccine administration fee for every COVID-19 vaccine administration recorded in both PharmaNet and the ImmsBC application ("dual entry"). The \$1 fee

increase is added to the \$18.00 COVID-19 vaccine administration fee (making \$19.00) and is in addition to the temporary [\\$4.00 weekend premium](#) (making it \$23.00).

The temporary fee increase is retroactive to January 1, 2022 and will be included in PharmaCare's regular monthly payments for COVID-19 vaccine administration fees.

PharmaCare is seeking a solution where COVID-19 vaccine administrations would be recorded in one system only ("single entry"). Until then, COVID-19 vaccine administrations should continue to be recorded in both PharmaNet and the ImmsBC application. There is no change in procedure for the \$1 dual entry fee. Once a single entry solution is available, the \$1 dual entry fee will end, and the COVID-19 vaccine administration fee will return to \$18, and until March 27, \$22 on weekends and statutory holidays.

The temporary fee increase addresses and acknowledges the importance of vaccination recordkeeping to ensure complete and reliable health data. PharmaCare appreciates the extra work involved for dual entry while we seek a single entry solution. We are grateful to community pharmacies for their support of the vaccination campaign.

[Nirmatrelvir-ritonavir \(Paxlovid®\) listed under Plan Z \(published Feb 14, 2022\)](#)

Effective January 19, 2022, the COVID-19 antiviral pill Paxlovid® (nirmatrelvir/ritonavir) is covered under PharmaCare's Plan Z (Assurance Plan) and effective February 14, 2022, it is covered under Plan ZE (Exceptional Plan Z) for out-of-province patients who meet the criteria.

Plan Z medications are fully covered for any resident of B.C. with active MSP coverage and a prescription.

Products covered under Plan Z are subject to the [Full Payment Policy](#). Providers may not charge patients any costs associated with the dispense of products covered under Plan Z. Prescribers eligible to prescribe Paxlovid are required to use a [Paxlovid prescription form](#).

Plan ZE

Plan ZE covers the full cost of Paxlovid for out-of-province patients, who:

- Have medical coverage in another Canadian province or territory
- Will be treated while in B.C.

The process for applying for Plan ZE coverage will be the same as for medical assistance in dying (MAiD) exceptional coverage (for those not enrolled in MSP):

- Call the [HIBC Help Desk](#)
- Provide:
 - the pharmacist's or prescribing physician's name, College ID and Site ID
 - the patient's name, PHN, date of birth, B.C. address
- Confirm:
 - the patient requires Paxlovid treatment in B.C.
 - the patient has current medical coverage in another Canadian province or territory

- the patient's out-of-province medical plan number, if possible

Resources

- [Paxlovid Adverse Drug Events: A Guide for B.C. Community Pharmacists](#)
- [Paxlovid Adverse Drug Events: Quick Reference Guide](#)
- [Nirmatrelvir/ritonavir \(Paxlovid®\) coverage criteria](#)
- [Nirmatrelvir/ritonavir \(Paxlovid®\) 5-day treatment pack prescription form](#)
- COVID-19 Antiviral Support Line for Clinicians: 1-866-604-5924
Monday to Friday, 8:30 am to 4:30 pm PST
- BC Cancer: 604-877-6000 x 67-2515 (Voicemail only)
Monday to Friday, 8 am to 4 pm PST; weekends 9 am to 5 pm PST
- St. Paul's Hospital Ambulatory Pharmacy (HIV): 1-888-511-6222

Paxlovid® information (published February 23, 2022)

General

Starting March 1, 2022, community pharmacies should be prepared to fill prescriptions for the COVID-19 oral antiviral drug [Paxlovid® \(nirmatrelvir/ritonavir\)](#). A temporary fee is also available for required patient follow-up and monitoring adverse drug events.

Paxlovid is used to treat mild-to-moderate COVID-19 in adults who do not require hospitalization and are at high risk of progressing to serious illness.

Pharmacies can order Paxlovid through their usual distributors. Consider ordering one treatment course in case you receive a prescription, as patients need to start treatment within 5 days of symptom onset.

Starting on March 8, 2022, all prescriptions should be faxed to community pharmacies. Between March 1 and March 7, prescribers will either fax a prescription directly to community pharmacies or, for Interior Health, Northern Health and Island Health, to a centralized fax number on a prescription.

Paxlovid is new to the market, and information about its safety and effectiveness is limited. The use of Paxlovid is further complicated by the large number of clinically important drug-drug interactions. For these reasons, pharmacists are strongly encouraged to attend Ministry of Health [online learning sessions](#).

Temporary fee for required follow-up and monitoring ADEs

B.C. community pharmacists are also required to follow up and monitor patients who receive Paxlovid in their pharmacies and document the interaction in PharmaNet. They can then claim the temporary \$15.00 Paxlovid Follow-up Fee from PharmaCare.

Pharmacies must contact patients and submit claims 6 to 10 days following the day of dispense. For detailed instructions, see [Paxlovid Adverse Drug Events: A Guide for B.C. Community Pharmacists](#).

The Paxlovid follow-up fee can be claimed only once per treatment course. The fee and the follow-up requirements are temporary. The end date will be announced in the PharmaCare Newsletter.

Given their close interactions with patients, community pharmacists are well-positioned to provide follow-up and monitor their patients for potential adverse drug events. Follow-up helps ensure patient safety and contributes valuable information for ongoing monitoring and evaluation. This work further highlights the important role pharmacists play in pharmacovigilance.

Support line

A COVID-19 Antiviral Support Line for Clinicians is available to assist with **clinical** questions related to prescribing and dispensing of Paxlovid. This line is not for billing inquiries.

- Monday to Friday, 8:30 am to 4:30 pm
- 1-866-604-5924

When calling, please be ready to provide patient information and a call-back number. A pharmacist will respond as soon as possible to help with your question. If additional support is needed to manage cancer patients or those on antiretrovirals, please contact program pharmacists for consultation (see [Resources](#)).

Paxlovid® learning sessions

The BC Ministry of Health's 75-minute online (Zoom) learning sessions about Paxlovid for B.C. pharmacists include a 45-minute PowerPoint presentation, followed by a 30-minute question-and-answer forum.

The sessions introduce Paxlovid, its eligibility criteria, management of potential drug-drug interactions, and pharmacists' role in monitoring ADEs.

When

- Thursday, February 24, 12 pm to 1:15 pm
- Wednesday, March 2, 6:30 pm to 7:45 pm
- Thursday, March 3, 12 pm to 1:15 pm
- Tuesday, March 8, 6:30 pm to 7:45 pm
- Thursday, March 10, 12 pm to 1:15 pm

How to attend

Watch for an email from the College of Pharmacists of BC, the BC Pharmacy Association, or your employer about the workshops, with Zoom links. It may have been sent the week of February 14, 2022.

Set up your fax to print transmission reports for Special Authority requests

If you are still sending Special Authority (SA) requests by fax, you need to set up your office fax machine so that you know the fax sent successfully. People are often unsure whether their request was sent, so they fax the request again, unnecessarily. This causes extra work for the SA team and delays processing.

By setting up your fax machine to print out a transmission report (“TX report”), you will know if the fax was transmitted successfully, or if there was an error. You can also choose for the fax machine to only print out reports when there is an error.

Setting up your fax machine

Each fax machine should be able to print a TX report. Each machine has its own commands, but they are similar. Here is an example for the fax machine PIXMA TR4720:

- Select “Menu”
- Select “Auto print settings”
- Select “TX report”
 - Select whether to print TX REPORT and/or ERROR TX REPORT automatically after sending a fax
 - You can select ERROR TX REPORT, so you are notified only if the fax did not go through

eForms update

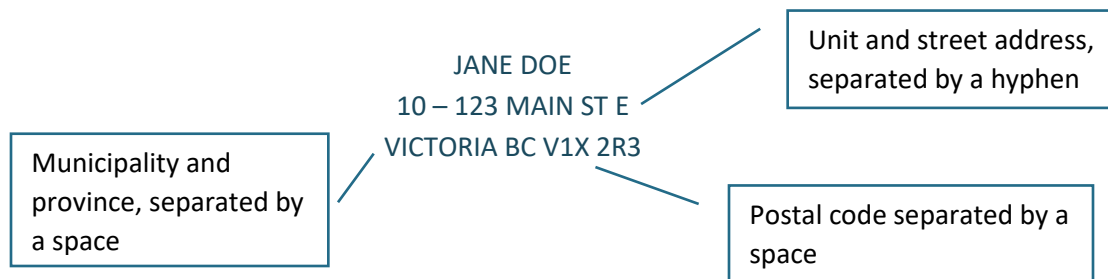
Progress continues on Special Authority eForms and opening access for more users. Health authority users can currently onboard onto the eForms platform, allowing them to submit SA requests quickly and easily online and receive confirmation notices. Enrolment will soon be available to community prescribers and pharmacists, with announcements made through this newsletter, the [website](#), and stakeholder channels.

Reminders

Patient address privacy

When entering or updating a patient’s address in PharmaNet, please do not include security-related details. Only details required for mailing should be used (see Canada Post example below). Do not leave in sensitive information such as home entry or mailbox codes.

EXAMPLE:



Did you know?

In 2019-2020, PharmaCare paid \$2.88 million in adaptation fees.
Find more stats like this in [2019-2020 PharmaCare Trends](#).

Limited coverage benefits

Drug name	dapagliflozin (Forxiga)		
Date effective	January 11, 2022		
Indication	heart failure with reduced ejection fraction (HFrEF)		
DIN	02435470	Strength and form	10 mg tablet Note: The 5 mg tablet remains as non-benefit.
Covered under Plans	Fair PharmaCare, B, C, F, P, W		

Drug name	cladribine (Mavenclad®)		
Date effective	January 25, 2022		
Indication	relapsing remitting multiple sclerosis		
DIN	2410179	Strength and form	10 mg tablet
Covered under Plans	Fair PharmaCare, B, C, F, W		

Drug name	siponimod (Mayzent®)		
Date effective	January 25, 2022		
Indication	secondary progressive multiple sclerosis		
DIN	02496483	Strength and form	0.25 mg tablet
	02496437		2 mg tablet
Covered under Plans	Fair PharmaCare, B, C, F, W		

Therapeutic review for multiple sclerosis drugs

PharmaCare has completed a therapeutic review of multiple sclerosis drugs. The nine limited coverage benefits listed below have had their criteria updated:

- [alemtuzumab \(Lemtrada®\)](#)
- [dimethyl fumarate \(Tecfidera®\)](#)
- [fingolimod \(generics\)](#)
- [glatiramer acetate \(Glatect™\)](#)
- [interferon beta-1a \(Avonex®, Rebif®\)](#)
- [interferon beta-1b \(Extavia®, Betaseron®\)](#)
- [natalizumab \(Tysabri®\)](#)
- [rituximab \(Ruxience®, Riximyo®, Truxima®\)](#)
- [teriflunomide \(Aubagio®\)](#)

Non-benefits

Effective March 3, 2022, Medtronic's MiniMed Mio Advance infusion sets (see below) will be delisted, in accordance with PharmaCare evaluation and assessment.

Product	Model number	PIN
MiniMed™ Mio™ Advance 9 mm X 23" 10/box	MMT-243A600	46340039
MiniMed™ Mio™ Advance 9 mm X 43" 10/box	MMT-244A600	46340039
MiniMed™ Mio™ Advance 6 mm X 43" 10/ box	MMT-213A600	46340039
MiniMed™ Mio™ Advance 6 mm X 23" 10/ box	MMT-242A600	46340039
Mio™ Advance 6 mm X 23" 10/ box (Luer lock)	MMT-247600	46340040

To help pharmacies manage their inventory and to lessen the impact of discontinued coverage, PharmaCare is giving pharmacies 30 days advance notice starting February 1 via this edition of the PharmaCare Newsletter. During this 30-day period (February 1, 2022 to March 3, 2022), MiniMed Mio Advance infusion sets remain covered by PharmaCare. Effective March 3, 2022, coverage of Medtronic's MiniMed Mio Advance infusion sets will end.

Other Medtronic infusion sets are not affected by this change.

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:

DRUG	prasterone (Intrarosa®)
INDICATION	postmenopausal vulvovaginal atrophy (VVA)
INPUT WINDOW	Jan 26 to Feb 23, 2022

DRUG	avalglucosidase alfa (Nexviazyme®)
INDICATION	late onset Pompe disease
INPUT WINDOW	Jan 26 to Feb 23, 2022



Q: Now that some of the newer type 2 diabetes medications are prioritized in patients with specific comorbidities, what do I need to know about metformin's glucose lowering effect, formulations, dose and cost?

HINT: The answer is in the January 2022 edition of [PAD Refills](#). Don't forget to subscribe!

FNHA Partnership series: Coming Together for Wellness

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

Article #4: The *In Plain Sight* report

In [Article #2](#) of this series, we discussed the impacts of colonialism on the health and well-being of Indigenous people. The legacy of colonialism, which still exists today, can manifest in the form of racism or discrimination¹ against Indigenous people when they seek medical care.

Following allegations made in June 2020 of Indigenous-specific racism in hospital emergency rooms, the Minister of Health commissioned a review to investigate systemic racism in B.C.'s healthcare system.

The *In Plain Sight* review found widespread Indigenous-specific stereotyping, racism and discrimination. In examining health utilization and outcome data of approximately 185,000 First Nations and Métis individuals and additional survey data, the review found that racism at points-of-care limits access to medical treatment. In turn, this can significantly impact the health and wellness of Indigenous peoples, and has led to unnecessary deaths of Indigenous people.

In Plain Sight highlighted that Indigenous individuals accessing the health system experience stereotyping, unacceptable personal interactions, and poorer quality of care. As a result, Indigenous people sometimes avoid seeking care, and this exacerbates poorer health outcomes such as higher prevalence and earlier age-onset of multiple chronic physical or mental health conditions.

Accreditation standard

A commitment to cultural safety and humility is important for the provision of a high standard of care and improved health outcomes for Indigenous peoples.

Recommendation eight from *In Plain Sight* endorses “[t]hat all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism.” Further, it recommends that the standard be “developed in collaboration and cooperation with Indigenous peoples.”

The *In Plain Sight* Indigenous Peoples' Survey found that only **27% of Indigenous respondents** always felt like their needs were taken seriously, compared to **59% of non-Indigenous respondents**.

¹ Racism is the belief that personality, behaviour and morals can be traced back to race. Discrimination is acting on racist thoughts.

The Health Standards Organization and First Nations Health Authority partnered to develop a B.C. cultural safety and humility standard. A provincial technical committee led by First Nations developed this standard. It underwent public review in Summer 2021 and will be published in Spring 2022. In advance of the final standard, there are learning opportunities as mentioned in [article #3](#) of this series that will prepare people and their organisations to be in alignment with the standard.

The *In Plain Sight* report invites all healthcare professionals to “build an understanding of the past and present reality of health care for Indigenous people.”

Cultural humility is a life-long process of self-reflection and learning about others’ experience and culture. All healthcare professionals can actively improve healthcare quality and outcomes for Indigenous peoples.

Take action today by reviewing the [In Plain Sight report](#) and make a personal commitment to [cultural safety and humility](#)

➤ Next in Coming Together for Wellness: History of Indigenous Medication Coverage in B.C.

Sources

- [In Plain Sight report](#) (full)
- [FNHA’s Wellness website](#)