

# BC PHARMACARE NEWSLETTER

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## Fair PharmaCare information updated to reflect new CRA line numbers

[Fair PharmaCare information](#), including forms and patient information sheets, has been updated to reflect the Canada Revenue Agency's (CRA) new income tax line numbers. Line numbers changed from 3- to 4-digit field codes to a new 5-digit field code (e.g., line 0236 for net income became line 23600).

The CRA made these changes effective February 2020 for the 2019 taxation year. Because Fair PharmaCare coverage is based on income from two years previous, materials did not need updates until January 2021.

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)



## Special Authority criteria changes: Third-line antidiabetic drugs

Further to the addition of [semaglutide](#) as a limited coverage benefit (see [Benefits](#) below), criteria have changed for the following third-line antidiabetic drugs:

- [linagliptin \(Trajenta™\)](#) and [linagliptin-metformin \(Jentadueto™\)](#)
- [saxagliptin \(Onglyza®\)](#) and [saxagliptin-metformin \(Komboglyze™\)](#)
- [empagliflozin \(Jardiance®\)](#) and [empagliflozin-metformin \(Synjardy®\)](#)
- [pioglitazone \(Actos® and generics\)](#)

The new criteria are as follows:

As part of treatment for type 2 diabetes mellitus:

- After inadequate glycemic control on maximum tolerated doses of dual therapy of metformin and a sulfonylurea or dual therapy of metformin and an insulin.

## 2021 Provider payment schedule

The weekly and monthly [provider payment schedules](#) (PDF, 160KB) for 2021 are available on the [Information for Pharmacies](#) web page.

## Reminders

### Nurses ready to start prescribing Suboxone®

As per [PharmaCare Newsletter 20-019](#), registered nurses (RNs) and registered psychiatric nurses (RPNs) will be ready to start prescribing buprenorphine/naloxone in January 2021. Pharmacists are reminded to enter the prescriber's new practitioner ID and enter or select the new practitioner reference ID for a claim to adjudicate correctly:

Prescriber	Pract Ref ID
Registered Nurse	R9
Registered Psychiatric Nurse	Y9

### Blood glucose test strips for people covered by Plan W

People with diabetes who are covered by Plan W, and who need coverage for their first fill of blood glucose test strips (BGTS), can have coverage authorized by the First Nations Health Authority. Patients, or pharmacists and nurses on their behalf, can call the First Nations Health Benefits team at 1 855 550-5454 to activate their coverage.

For a list of eligible BGTS products, see [Diabetes Product Identification Numbers](#).

## Publicly funded vaccine administration fees based on PIN not quantity

PharmaCare has updated the PharmaCare Policy Manual to make it clear that payment for administering a publicly funded vaccine is based on the vaccine's PIN and not the quantity entered.

The clarifying update is only to prevent confusion when entering a claim for the vaccine administration fee. The update instructs pharmacies to enter vaccine claim quantities as the fluid volume of the vaccine (e.g., 0.5 mL). This clarification does not affect past or future fee payments or require retroactive correction.

See the update under "Entering claims for publicly funded vaccinations by pharmacists" in [section 8.10](#) of the PharmaCare Policy Manual.

## Benefits

### Regular benefits

The following products are added as regular benefits under Fair PharmaCare and Plans B, C, F and W:

<b>DRUG NAME</b>	epinephrine (Emerade™)		
<b>COVERAGE EFFECTIVE</b>	December 16, 2020		
<b>INDICATION</b>	anaphylaxis		
<b>DIN</b>	02458446	<b>STRENGTH AND FORM</b>	0.3 mg/0.3 mL pre-filled pen
	02458454		0.5 mg/0.5 mL pre-filled pen
<b>PLAN G BENEFIT</b>	No	<b>PLAN P BENEFIT</b>	No

<b>DRUG NAME</b>	epinephrine (Allerject®)		
<b>COVERAGE EFFECTIVE</b>	December 16, 2020		
<b>INDICATION</b>	anaphylaxis		
<b>DIN</b>	02382059	<b>STRENGTH AND FORM</b>	0.15 mg/0.15 mL auto injector
	02382067		0.3 mg/0.3 mL auto injector
<b>PLAN G BENEFIT</b>	No	<b>PLAN P BENEFIT</b>	No

### Limited coverage benefits

The following products are listed as Limited Coverage benefits under Fair PharmaCare and Plans B, C, F and W:

<b>DRUG NAME</b>	<a href="#">levodopa-carbidopa (Duodopa®)</a>		
<b>COVERAGE EFFECTIVE</b>	December 10, 2020		
<b>INDICATION</b>	Parkinson's disease		
<b>DIN</b>	02292165	<b>STRENGTH AND FORM</b>	20 mg/mL levodopa and 5 mg/mL carbidopa monohydrate intestinal gel
<b>PLAN G BENEFIT</b>	No	<b>PLAN P BENEFIT</b>	No

<b>DRUG NAME</b>	semaglutide (Ozempic®)		
<b>COVERAGE EFFECTIVE</b>	December 15, 2020		
<b>INDICATION</b>	type 2 diabetes mellitus		
<b>DIN</b>	02471477	<b>STRENGTH AND FORM</b>	1.34 mg/mL pre-filled pen for injection*
	02471469		1.34 mg/mL pre-filled pen for injection**
<b>PLAN G BENEFIT</b>	No	<b>PLAN P BENEFIT</b>	Yes

\*1.5 mL multi-dose pen delivering doses of 0.25 mg or 0.5 mg. Used for dose escalation, or maintenance treatment at the 0.5 mg dose.

\*\*3 mL multi-dose pen delivering doses of 1 mg. Used for maintenance treatment at the 1 mg dose only.

<b>DRUG NAME</b>	nitisinone (Orfadin® and generics)		
<b>COVERAGE EFFECTIVE</b>	January 1, 2021		
<b>INDICATION</b>	hereditary tyrosinemia type 1 (HT-1)		
<b>DIN</b>	02459698	<b>STRENGTH AND FORM</b>	2 mg capsule
	02459701		5 mg capsule
	02459728		10 mg capsule
	02459736		20 mg capsule
	02458616		2 mg tablet
	02458624		5 mg tablet
	02458632		10 mg tablet
	02457717		2 mg capsule
	02457725		5 mg capsule
	02457733		10 mg capsule
02470055	20 mg capsule		
<b>PLAN G BENEFIT</b>	No	<b>PLAN P BENEFIT</b>	No

## 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>	ofatumumab (Kesimpta™)
<b>INDICATION</b>	relapsing-remitting multiple sclerosis (RRMS)
<b>INPUT WINDOW</b>	December 23, 2020–January 20, 2021

<b>DRUG</b>	ranolazine (Corzyna™)
<b>INDICATION</b>	stable angina pectoris in adults
<b>INPUT WINDOW</b>	December 23, 2020–January 20, 2021

<b>DRUG</b>	nintedanib (Ofev®)
<b>INDICATION</b>	other chronic fibrosing interstitial lung diseases (ILDs) with a progressive phenotype
<b>INPUT WINDOW</b>	December 23, 2020–January 20, 2021

<b>DRUG</b>	ozanimod (Zeposia®)
<b>INDICATION</b>	relapsing-remitting multiple sclerosis (RRMS)
<b>INPUT WINDOW</b>	December 23, 2020–January 20, 2021