BC PharmaCare Newsletter

Edition 22-001
January 5, 2022

In this edition

pad Refills
Your dose of drug information in between details

Q: Is quetiapine a safer alternative to zopiclone for insomnia?

HINT: The answer is in the December edition of PAD Refills.
Don't forget to subscribe (righthand side of the web page)

BRITISH COLUMBIA

New procedures for harm reduction prescriptions

Prescribers and pharmacists are asked to add "**SA**" (safer alternative) to prescriptions and PharmaNet entries for prescribed harm reduction drugs. This will improve data for safer supply programs and identify unintended risks or harms.

Most prescribed alternatives to the toxic, illicit drug supply are also used for other indications (e.g., pain). Identifying prescriptions as SA allows programs run by the BC Centre on Substance Abuse, the Ministry of Mental Health and Addiction, and the Ministry of Health to monitor, evaluate, and better mitigate the opioid public health emergency.

Instructions for prescribers

When writing a prescription for a drug to be used as an alternative to the toxic street supply (i.e., for risk mitigation during the dual public health emergencies or as a safer supply option), clearly add "**SA**" at the bottom of the Directions for Use section of the BC Controlled Prescription form. (See example)

"SA" tells the dispensing pharmacist to tag the prescription with a (non-public) identifying code, for program evaluation purposes, in PharmaNet.

Instructions for pharmacists

When entering a prescription in PharmaNet (new or refill/part-fill) for any drug identified as a safer alternative, or for risk mitigation to support self-isolation or quarantine due to COVID-19, **enter the "SA" intervention code**. Prescribers have been asked to add SA at the bottom of the Directions for Use section (see example). If they use a different notation (e.g. RMG, safer supply), also enter these with the SA code.

This SA code goes in the intervention code field. It acts as a non-public–facing tag so that the prescription can be identified as a safer alternative for program evaluation. The code **does not** go in the prescription direction. Entering the intervention code with each prescription is the **only action required** by pharmacists. There is no PharmaCare fee attached.

Included drugs

The most common drugs prescribed for harm reduction are listed below, but all drugs prescribed for harm reduction should be identified with the "SA" code.

Opioids (not necessarily part of official OAT)

- Fentanyl patches, tablets, and inhalable compounded options
- Hydromorphone tablets, injectables, and inhalable compounded options, except when prescribed as part of a formal iOAT, or TiOAT treatment program
- Morphine injectable, and immediate or sustained release tablets/capsules, except when prescribed for OAT
- Oxycodone immediate and sustained release formulations

- Sufentanil injection
- Diacetylmorphine (DAM)
    - Currently DAM is not part of harm reduction programs. If any form (e.g., inhalable compounded options, injectable) becomes available for harm reduction, the prescriptions should include the SA code, which should be entered with each fill/part fill.

Stimulants

- Dextroamphetamine IR or SR
- Methylphenidate IR or SR
- Any other stimulants prescribed for harm reduction, either commercial or compounded

Benzodiazepines

- Diazepam
- Clonazepam
- Any other benzodiazepines prescribed for harm reduction, either commercial or compounded

Pharmacy technicians eligible for COVID-19 vaccine fee (published Jan 12, 2022)

Effective immediately, regulated pharmacy technicians who complete the appropriate training can administer COVID-19 vaccines and are eligible for PharmaCare's administration fee, until the end of B.C.'s COVID-19 public health emergency. They are part of the group of non-pharmacists that are eligible for the fee, including the $4 weekend premium.

Under a public health order signed January 9, 2022, pharmacy technicians may administer a COVID-19 vaccine only:

- If they have completed the appropriate training

- Under the supervision of a pharmacist or other regulated professional authorized to perform immunizations (e.g. licensed practical nurse, registered nurse)

Pharmacy technicians may not assess the patient's eligibility for the vaccine, nor monitor the patient following the vaccine.

All claims for COVID-19 vaccinations must be entered in PharmaNet on the day they are given. To enter claims for non-pharmacist administration of a vaccination (including by a pharmacy technician), please:

- Use a Pharmacist ID

- Enter "IMMSBC" followed by lot # and site/arm ("left" or "right") in the SIG field, each item separated by an underscore.
  E.g. IMMSBC_12345__LEFT

Resources
- Related Services List for Plan M (Medication Management)

- Publicly Funded Vaccines

- PharmaCare Policy Manual, Section 8.10

Insulin pump coverage available under Plan B

Insulin pumps are now covered under Plan B for full-time residents living in a long-term care facility who use insulin to treat their diabetes. An endocrinologist or diabetes specialist must apply for Special Authority on behalf of the resident and have approval before the pump is dispensed; retroactive coverage is not available. PharmaCare currently covers the Omnipod Insulin Management System (Insulet) and the YpsoPump (Ypsomed). In some cases, exceptional coverage may be provided for the MiniMed Insulin Pump System (Medtronic).

A reminder that PharmaCare does not cover routine medical supplies such as needles and syringes, blood glucose test strips, and insulin pump supplies under Plan B. Residents may obtain these medical supplies from their care facility at no charge. PharmaCare will cover these items under the resident's alternate plan (Fair PharmaCare, Plan C, or Plan W) when purchased outside of a facility. For additional information, see Sections 5.7 and 7.3 of the PharmaCare Policy Manual.

2022 Provider Payment Schedule

The weekly and monthly provider payment schedules for 2022 are now available on the pharmacist information page on the PharmaCare website.

Special Authority celebrates 5,000 electronic submissions

The first 5,000 Special Authority (SA) requests have been submitted through eForms, by health authority prescribers and clinical pharmacists. The response is overwhelmingly positive. Practitioners report that submitting requests online is quicker, easier, and beneficial for their practice. Only 1.4% of online SA requests are missing information, compared to 27% of faxed requests. This means far fewer requests are returned, which translates into quicker turnarounds.

Auto-adjudicated drugs

Many requests are auto-adjudicated, with decisions made immediately. We continue to expand our list of auto-adjudicated drugs (click the arrows to filter the table, as shown). Recent additions are semaglutide and empagliflozin, which represent 30% of SA requests. The list also includes first-line proton pump inhibitors, first-line angiotensin receptor blockers, and vancomycin.
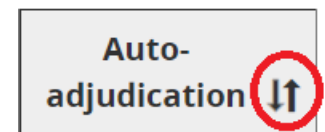
Backlog

We faced a challenging backlog last year. We addressed key issues and have reduced turnaround times by 25%. Progress continues. Meanwhile, users may want to review our list of auto-adjudicated drugs or consider alternatives to SA coverage, such as LCA or RDP substitutes.

Patients can check the status of SA requests online in Health Gateway, and should be encouraged to do so. Steps are available on our web page for patients.

As more practitioners use SA eForms, everyone will see shorter wait times.

Looking ahead

- Community users: SA eForms enrolment for community prescribers (i.e., not working in health authorities) is in development, with a launch planned for early- to mid- 2022. Details will be finalized and communicated in the coming months

- Electronic Medical Records (EMRs): We continue to discuss onboarding with EMR vendors. Three vendors are in the process of onboarding with us and more are expected to go live with SA eForms throughout the spring

- Health authorities: We continue to engage with health authorities. Interested HA practitioners, including those with services under PHSA (e.g., BC Cancer, BC Women's Hospital, etc.), should ask their supervisor if their area is ready for enrolling in SA eForms

Resources

- SA web page

> **Did you know?**
>
> PharmaCare processed 39.45 million claims in 2019-2020 alone!
>
> Find more stats like this in 2019-2020 PharmaCare Trends.

Reminders

Provincial purchase program for flu vaccine: Apply for reimbursement by January 14, 2022

This is a reminder that pharmacies can apply for reimbursement of eligible private influenza vaccine stock purchased for the 2021-22 season. Pharmacies can apply for reimbursement by submitting invoices to the BC Pharmacy Association, using their online form. The BCPhA will forward submissions to the Ministry of Health, and Health Insurance BC will issue payment.

Applications must be submitted before end of day January 14, 2022. Payment will be issued after that date, when all applications have been processed.

To apply for reimbursement, pharmacies must provide:

- Quantity and total cost of private vaccine stock purchased between August 1 and December 14, 2021, for:
  - Afluria® Tetra Quadrivalent
  - Flulaval® Tetra
  - FluMist® Quadrivalent
  - Fluzone® Quadrivalent

- Quantity and total cost of vaccine purchased between August 1 and October 29, 2021 for:
  - Influvac® Tetra (Quadrivalent)

- Quantity of returned stock, if any, and total credit received

- Copies of relevant distributor invoices dated August 1 to December 14, 2021 (or to October 29 for Influvac)

Submissions and invoices are subject to audit by PharmaCare, with payment subject to recovery. Invoices must have been issued by distributors or manufacturers. Pharmacy-generated documents are not sufficient. Pharmacies must retain original invoices, as required by section 12(d) of the Provider Regulation.

Resources
- Apply for reimbursement using the BCPhA Influenza Vaccine Purchase Program form
- Publicly Funded Vaccines web page
- PharmaCare Newsletter 21-011 - Provincial purchase program information

Plan B pharmacies: submitting OTC Claims for Plan W beneficiaries

After submitting an over-the-counter (OTC) claim under Plan W for a First Nations Health Authority (FNHA) client receiving care in a Plan B facility, pharmacies serving Plan B facilities must include the Plan B facility code for all subsequent (non-OTC) claims.

Occasionally, pharmacies continue to submit claims for Plan W beneficiaries under Plan W following an OTC claim. Please note that the facility code notifies PharmaNet to adjudicate the claim under Plan B and not allow it to adjudicate under any other PharmaCare plan. You must include the facility code for all subsequent (non-OTC) claims to ensure the claims are correctly adjudicated under Plan B. Without the facility code, PharmaNet will continue adjudicating claims under Plan W.

The FNHA will be following up with individual pharmacies to provide support for appropriate billing practices.

Compound ingredients and PharmaNet entry

When processing **any** compound (whether it's a PharmaCare benefit or not), the active medication and strength must be entered at the **front** of the Directions for Use (SIG) field. See the example below. This is for patient safety reasons and visibility in PharmaNet.

Concern was raised after PharmaNet identified compounded ivermectin to treat COVID-19, without full details entered. Please note that on October 1, 2021, health regulatory bodies in B.C., including the Provincial Health Officer and the College of Pharmacists of BC, released a joint message warning against the use and efficacy of ivermectin in humans for COVID-19.

See the Compound PINs web page for non-benefit PINs for compounds containing hormones, topical NSAIDs, the APNO mixture that were added to the existing non-benefit regular, controlled, narcotic and topical anti-fungal compound PINs.

Note: some compound PINs may already stipulate the name of the drug, concentration and dose in the drug field, but many don't.

Example for non-benefit controlled compound

If a non-benefit compound PIN is not drug/dosage form-specific, ensure the dose and the concentration are visible to other PharmaNet users. Enter them as outlined in this example:

Prescription	Temazepam 10mg capsule. Take one capsule once daily at bedtime
PIN	66124162
PharmaNet description	controlled compound (non-benefit)
Directions in SIG field	Temazepam: Take one capsule (10mg) once daily at bedtime

Discontinued compound PINs

The Compound PINs web page also displays these discontinued PINs (below). PharmaNet records show they are still being used to submit compound claims. PharmaCare reimbursement is not available for these PINs. Refer to the eligible PIN list for an appropriate replacement.

Discontinued compounds	PIN
compounded lotion	842443
compounded mixture	921297
compounded ointment/cream	842435
narcotic compound (non-benefit)	999776

PharmaNet: Data for adverse drug events (ADEs)

Since announced last December, PharmaNet displays ActionADE data about adverse drug events (ADEs) from several acute care sites in Greater Vancouver and Squamish regions. ActionADE is a software application that documents ADEs in a concise and standardized way, to facilitate sharing of ADE information between health systems and care providers.

ADEs are the harmful and unintended consequences of medication use. They include such things as drug interactions, dosing issues, allergies, and issues around non-adherence. Nearly one third of ADEs are repeat events, most of which could be prevented with stronger collaboration across the healthcare sector. The inclusion of ADE records in PharmaNet will help pharmacists assess drug impacts, better evaluate prescriptions for patient safety, and become key players in averting related hospitalizations and deaths.

Depending on your PharmaNet vendor, ADE records may be presented across different tabs of your software. They will be easily recognized with the unique identifier ***ADE**. At this time, only the ActionADE team enters ADEs.

Note: It's important to interpret these records as ADEs and not simply as ADRs (adverse drug *reactions*), which are a subset of ADEs.

For more information about the ActionADE research project, including guides to interpreting ADE records in PharmaNet, please see the Adverse Drug Events in PharmaNet web page.

Regular benefits

Drug name	etonogestrel (Nexplanon®)		
Date effective	December 7, 2021		
Indication	For the prevention of pregnancy for up to three years		
DIN	02499509	Strength and form	68 mg extended-release subdermal implant
Covered under Plans	Fair PharmaCare, B, C, F, W		

The following product, formerly a limited coverage drug, is now a regular benefit:

Drug name	prasugrel, generic		
Date effective	December 14, 2021		
Indication	patients with heart disease who undergo angioplasty		
DIN	02502429	Strength and form	10 mg tablet
Covered under Plans	Fair PharmaCare, B, C, F, W		

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	bimekizumab (TBC)
INDICATION	treatment of moderate to severe plaque psoriasis
INPUT WINDOW	Dec 29, 2021 to Jan 26, 2022

FNHA Partnership series: Coming Together for Wellness

The next article will be featured in the February 2022 Newsletter and focus on the In Plain Sight report.

These articles are part of a 10-article series to increase awareness of First Nations issues and build cultural humility, a collaboration between Ministry of Health and First Nations Health Authority. The series began in the PharmaCare Newsletter, edition 21-010.