

BC PHARMACARE NEWSLETTER

Edition 23-001: January 2023

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
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Table of Contents

Pharmacists can submit electronic SA requests.....	2
Adapting prescriptions	2
New PharmaCare benefit: orthotic inserts for healed diabetic foot ulcers	3
First Nations Health Authority Supplementary Formulary	4
Coming soon: Provincial Prescription Renewal Support Service	5
Formulary and listing updates.....	5
Your Voice: Input needed for drug decisions.....	6
Special release: January 19, 2023	7
Provincial Prescription Renewal Support Service.....	7
PharmaCare benefit changes: Graval® and Anusol® products.....	8
Special release: January 26, 2023	9
Changes to PharmaCare coverage for Eplclusa® and Harvoni™.....	9



Refills

Your dose of drug information in between details

Q: What is the latest evidence on treating type 2 diabetes with SGLT2 inhibitors and GLP1 agonists?

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!

Pharmacists can submit electronic SA requests

With scope-of-practice changes coming into effect and the province's Prescription Renewal Support Service going live later this year, pharmacists have increasing opportunities to request Special Authority (SA) coverage for limited coverage medications.

On October 14, 2022, B.C. pharmacists' scope of practice was expanded, and pharmacists can now adapt prescriptions for more medications as part of a suite of changes [announced September 29, 2022](#), by the Minister of Health.

For example, a pharmacist may submit an SA request when the pharmacist is:

- Providing vancomycin following a hospital stay
- Working in a clinical setting in collaboration with a prescriber, with full access to a patient's clinical record
- Applying for exceptional Plan Z coverage
- [Adapting a prescription](#)—for example, renewing the prescription to ensure continuity of care or changing to a different medication within a therapeutic class
- Recommending over-the-counter or behind-the-counter products (e.g., acetaminophen) that are eligible for SA coverage (when they do this, the pharmacist enters their own name in the PharmaNet practitioner field when entering the claim in PharmaNet)

SA requests can be submitted online

If you haven't already enrolled in the government's Provider Identity Portal (PIDP), do this first, using your BC Services Card app. Enrolling in PIDP creates a secure digital identity that grants access to several provincial health programs such as eForms (including the upcoming Provincial Prescription Renewal Support Service eForm [see below]). Find additional information on the [SA eForms web page](#), including video tutorials.

Are you a pharmacist who has submitted an SA request online through eForms? We'd like to hear about your experience! Send an email to PharmaCareInfo@gov.bc.ca. We welcome all feedback.

Resources

- [SA eForms web page](#)
- [PIDP login](#)
- [College of Pharmacists of BC's PPP 58 – adapting a prescription](#)

Adapting prescriptions

PharmaCare reminds pharmacists that the College of Pharmacists of BC's Professional Practice Policy 58 ([PPP-58](#)) allows pharmacists to adapt and renew prescriptions for a wide range of medications and conditions.

Pharmacists can often adapt and renew prescriptions as an alternative to contacting the prescriber when a patient is out of refills or during a drug shortage. See below for information about claiming the associated PharmaCare fees.

PharmaCare maintains a list of shortages of PharmaCare-covered drugs, which also lists PharmaCare-covered alternatives. See the [PharmaCare Drug Shortages web page](#), where you can download the [Current Drug Shortages list \(.xls\)](#).

These tools allow pharmacists to help patients get faster access to medically necessary treatments and ensure continuity of care when primary care is difficult to access.

The PharmaCare adaptation fee can be claimed as follows. For detailed procedures, refer to [Section 8.4 – PharmaCare Policy Manual](#).

Service	Fee
Therapeutic substitutions	\$17.20
Prescription renewals and adaptations	\$10.00

Resources

- [PharmaCare clinical services fees](#)
- [How to Claim PharmaCare Fees for Clinical Services \(PDF, 281KB\)](#)
- The [October 2022 PharmaCare newsletter](#) has information about recent and upcoming expansions to pharmacists' scope of practice

Update: pediatric amoxicillin

Canada is experiencing a shortage of pediatric antibiotic oral suspensions, including amoxicillin and its most commonly used alternatives. PharmaCare is covering several compounded products to help meet patient needs during the shortage. Find the list of alternatives and their PINs on the [Drug Shortages web page](#). PharmaCare's regularly updated Current Drug Shortages List can also be found on this page.

New PharmaCare benefit: orthotic inserts for healed diabetic foot ulcers

Effective January 1, 2023, PharmaCare provides coverage for custom-made orthotic inserts designed to protect newly healed diabetic foot ulcers, and the shoes that accommodate them.

Also known as offloading devices, these items are covered under Fair PharmaCare and PharmaCare plans B (Long-term Care) and C (Recipients of B.C. Income Assistance). Coverage under Fair PharmaCare depends on whether a person has met their annual deductible and family maximum.

Coverage for offloading devices is available to people who have been:

- Diagnosed with a diabetic foot ulcer
- Treated with a total contact cast (TCC) at an [approved B.C. outpatient/ambulatory clinic](#)
- Assessed by a physician or nurse at one of the above clinics who has determined they will be transitioning to offloading orthoses and footwear in two weeks or less

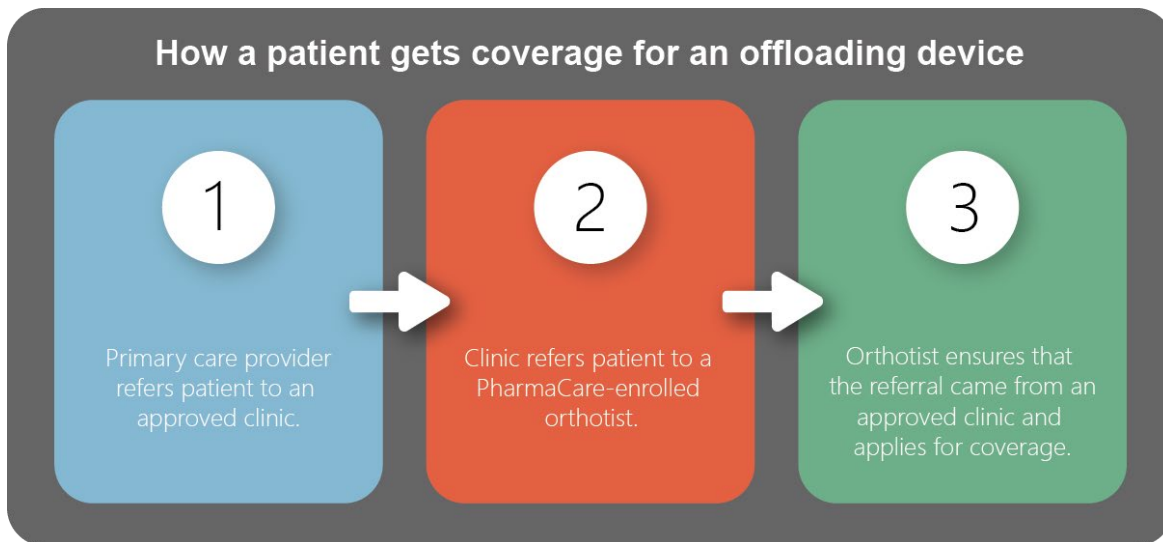
The patient must be referred to a PharmaCare-enrolled certified orthotist by the approved B.C. outpatient/ambulatory clinic that treated them. The orthotist can then apply for coverage using the form [HLTH 5418 – PharmaCare Offloading Orthotic Benefits Application for Financial Assistance \(PDF\)](#).

Details about PharmaCare's offloading devices policy are available in [Section 5.9 – PharmaCare Prosthetic & Orthotic Manual](#) and on PharmaCare's offloading devices web page.

To ensure patients get coverage:

- Primary care providers should send patients to an approved B.C. outpatient/ambulatory clinic for treatment with a TCC
- Approved clinics should refer patients to PharmaCare-enrolled orthotic providers using the appropriate referral form
- Orthotists should ensure the referral came from an approved B.C. outpatient/ambulatory clinic

The graphic below shows the required steps for getting coverage.



Resources

- [Approved B.C. outpatient/ambulatory clinics for TCC treatment](#)
- [PharmaCare-enrolled orthotists](#)
- [PINs and reimbursement schedule for offloading devices](#)
- [Prosthetics and orthotics policy manual](#)
- [Health Authority orthotics referral form \(for post-TCC treatment\)](#)
- For information about registering as a PharmaCare provider, refer to [Section 2.1 – PharmaCare Policy Manual](#)

First Nations Health Authority Supplementary Formulary

The First Nations Health Authority (FNHA) provides coverage for prescription drugs, over-the-counter medications and medical supplies to eligible First Nations people living in B.C. through PharmaCare's [Plan W \(First Nations Health Benefits\)](#). FNHA also provides coverage for items listed in FNHA's [Pharmacy Fee Supplement](#) and the associated Supplementary Formulary, administered by Pacific Blue Cross (PBC).

The list of eligible drugs and supplies continues to evolve as FNHA implements wellness initiatives and adds select medications to the list, including the shingles vaccine Shingrix to support elder wellness, and topical (patch) and ring contraceptives to expand reproductive health choices.

Helpful tips for pharmacists using the FNHA Supplementary Formulary:

- Items are administered through a Pacific Blue Cross plan. The policy/group number for the plan is 40000, and the identification number is the client's status number
- Many pharmacy providers report that using [PROVIDERnet](#) makes for efficient submissions and claims for medical supplies and equipment. Providers should also refer to the claiming guidelines in FNHA's [Pharmacy Fee Supplement](#) (beginning on p. 6)

Resources

- [Pacific Blue Cross – Contactless Claims](#)
- First Nations Health Benefits & Services Operations phone line: 1-855-550-5454

Coming soon: Provincial Prescription Renewal Support Service

The Provincial Prescription Renewal Support Service (PPRSS) will soon be available to pharmacists through HealthLinkBC. PPRS is scheduled to go live in the near future, and community pharmacists are encouraged to enrol in the Provider Identify Portal now so that they can access the related eForm to submit a request for support.

For the latest updates on the service and information about enrolling in PIdP, visit the [Prescription Renewal Support web page](#). If you are already enrolled in PIdP for access to SA eForms, you do not need to enrol again – you will be able to go directly to the eForms platform and select the PPRS eForm when the service goes live.

Watch for updates in this newsletter and on the PharmaCare website.

Formulary and listing updates

Apixaban, dapagliflozin, empagliflozin and semaglutide (Ozempic®)

As of January 5, 2023, the benefit status of four important drugs has been expanded:

1. **Apixaban** is now a **regular benefit**. Prescribers no longer need to request Special Authority coverage for this drug. Special Authority criteria for dabigatran and rivaroxaban remain unchanged.
2. **Dapagliflozin** is now a **regular benefit**. Prescribers no longer need to request Special Authority coverage for this drug.
3. **Empagliflozin** and **semaglutide (Ozempic®)** are now eligible for coverage as **second-line therapies** for treating type 2 diabetes. Their SA criteria still require patients to try metformin before applying for coverage, but patients no longer need to try and fail on an insulin or a sulfonylurea (e.g., glyburide) before their prescriber can apply for SA coverage.

Prescribers can re-apply for SA coverage for these drugs for patients who hadn't qualified under the previous criteria.

These changes align PharmaCare coverage with recent clinical evidence and are expected to improve patient access to clinically proven treatments.

For more information, download the [PharmaCare FAQ document](#) to share with staff and patients.

Oseltamivir (Tamiflu®)

Special Authority [criteria for oseltamivir](#) was updated on Dec. 8, 2022, to enable access to the medication by a broader pediatric population. To align with BC Centre for Disease Control (BCCDC) recommendations, PharmaCare adjusted the criteria, including expanding the definition of individuals who are at “high risk” for influenza infection and therefore eligible for coverage.

For more information, visit:

- [BCCDC influenza surveillance reports](#)
- PharmaCare’s [oseltamivir SA criteria web page](#)

Non-benefit: semaglutide for weight management

PharmaCare has determined the products below will not be covered.

Drug name	semaglutide (Wegovy®)		
Date effective	January 5, 2023		
Indication	Weight management		
DINs	02522551 02522578 02522586 02522594 02522608 02528509	Strength & form	2.4 mg solution for SC injection single-use pre-filled pen; multi-use pre-filled pen delivering doses of 0.25 mg, 0.5 mg, 1 mg, 1.7 mg or 2.4 mg

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](#).

The Ministry depends on pharmacies and practitioners to help connect patients and their caregivers with opportunities to give input. If you have a patient who is taking one of the drugs below or who has the condition the drug treats, please encourage them to visit www.gov.bc.ca/BCyourvoice.

Input is currently needed for the following:

Drug name	pegcetacoplan (Empavel®)
Indication	paroxysmal nocturnal hemoglobinuria (PNH)
Input window	Dec. 28, 2022 to Jan. 24, 2023 at 11:59 PM

Drug name	ferumoxytol (Feraheme®)
Indication	iron deficiency anemia
Input window	Dec. 28, 2022 to Jan. 24, 2023 at 11:59 PM

Drug name	lurasidone (Latuda® + generics)
Indication	bipolar 1 disorder
Input window	Dec. 21, 2022 to Jan. 17, 2023 at 11:59 PM

Special release: January 19, 2023

Provincial Prescription Renewal Support Service

B.C. community pharmacists will soon be able to reach out to a support team if they are unable to renew a prescription for a patient who doesn't have a primary care provider. The Provincial Prescription Renewal Support Service (PPRSS) will launch on January 24, 2023.

Pharmacists can reach PPRSS by submitting the Provincial Prescription Renewal Support Service eForm. PPRSS follows up with the patient.

This provider-to-provider pathway ensures continuity of care for B.C. patients.

Eligibility criteria for referral

Pharmacists can access prescription renewal support for unattached patients (those without a primary care provider) when either of the following criteria is met:

- The patient's prescription is expired (was written more than 2 years ago), or
- The patient's prescription is not expired (less than 2 years old), but the prescribing physician's licence is temporarily or permanently inactive

In the case of a prescription that remains valid, the community pharmacist may still access prescription renewal support if:

- The pharmacist is unsure if the patient is stable for renewal/adaptation and would like the opinion of a physician
 - Note: patients deemed not stable for renewal or adaptation should be advised to attend a primary care (walk-in) clinic of the patient's choosing, an Urgent and Primary Care Centre (UPCC) or emergency department, as appropriate
- The pharmacist believes the patient may need one or more laboratory tests to confirm clinical stability

Community pharmacists are expected to use their professional judgment to determine when a referral to the PPRSS team is appropriate. For more information, visit the [PPRSS web page](#). This page will be updated again when PPRSS goes live.

Ineligible patients

A patient is not eligible for referral to PPRSS and requires in-person or emergency care if any of the following applies:

- The prescription is for narcotics, controlled drugs, cancer medication or cannabis
- The patient is deemed unstable for renewal or adaptation

The pharmacist may provide an emergency supply of medication to ineligible patients to ensure continuity of care.

What the PPRSS team does

When the PPRSS team receives an eForm request from a pharmacist, one or more of the following will happen within 5 days:

- A PPRSS pharmacist contacts the patient and conducts a detailed medication review
- A PPRSS physician contacts the patient and provides a medical assessment to determine if:
 - a prescription renewal is appropriate
 - lab work is required, and/or
 - a referral to an urgent or primary care clinic (UPCC) is required to complete an in-person assessment
- A PPRSS physician prescribes medication if appropriate and sends the prescription to the referring pharmacy

How to access support

If the patient is out of medication, pharmacists may provide them with a 10- to 14-day emergency supply to allow sufficient turnaround time for the PPRSS team's response. The pharmacist then uses [eForms](#) to complete the referral. An eForm can be accessed and submitted 24/7.

To use eForms, pharmacists must be enrolled in the Provider Identity Portal (PIDP), which creates a secure digital identity and allows access to several provincial health systems. You need the [BC Services Card app](#) set up on a mobile device to enrol in PIDP, and you only need to enrol in PIDP once.

For additional information, including a PIDP registration tutorial and a walk-through of eForms, visit the [PPRSS web page](#).

Contacts & resources

- PPRSS team members may tell a patient to contact their pharmacist if the patient is having trouble accessing a prescription renewed by the PPRSS team. If a patient calls your pharmacy, you can contact the PPRSS team at the direct, provider-only line: 604-215-7108. PPRSS team members are available 9 am to 6 pm, 7 days a week.
- Community pharmacists can get **technical support**:

During business hours

Monday-Friday 8 am to 4 pm

Enrolment questions or issues: eformsenrolment@phsa.ca

Other support issues: eFormsSolution@phsa.ca

Escalation during business hours: 604-877-2159

After hours – critical issues

Monday-Friday: 4 pm to 7 pm

Saturday, Sunday, and statutory holidays: 8 am to 7 pm

604-877-2159

- Visit the [PPRSS web page](#)

PharmaCare benefit changes: Graval® and Anusol® products

The following products will become PharmaCare non-benefits at the request of the manufacturer (Church & Dwight), effective February 17, 2023.

Drug name	DIN	Strength & form
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Gravol (dimenhydrinate)	00013579	50 mg/mL vial for injection
Gravol (dimenhydrinate)	00013609	100 mg suppositories
Gravol (dimenhydrinate)	00013803	50 mg tablets
Gravol (dimenhydrinate)	02254409	100 mg immediate-release + long-acting caplets
Anusol HC (hydrocortisone/zinc)	00476285	10 mg /10 mg suppositories
Anusol HC (hydrocortisone/zinc)	00505773	0.5% / 0.5% ointment

The following products will become PharmaCare non-benefits for Plans I, C, F, P and B at the request of the manufacturer (Church & Dwight), effective February 17, 2023. They will continue to be regular benefits under Plan W.

Drug name	DIN	Strength & form
Anusol Plus (pramoxine/zinc)	01945904	20 mg / 10 mg suppositories
Anusol Plus (pramoxine/zinc)	01945912	1% / 0.5% mg ointment

Please note that Gravol Kids liquid 15 mg/5 mL (DIN 000230197) and Gravol Kids suppositories 25 mg (DIN 000783595) remain status quo, as regular benefits under Plan W and Plan P.

Special release: January 26, 2023

Changes to PharmaCare coverage for Epclusa® and Harvoni™

Effective **January 26, 2023**, due to the discontinuation of ribavirin (Ibavyr™) in Canada, PharmaCare will provide 24 weeks of coverage for treatment with sofosbuvir-velpatasvir (Epclusa®) or ledispavir-sofosbuvir (Harvoni™) for patients with chronic hepatitis C (CHC) with decompensated cirrhosis, and 12 weeks of coverage for treatment with Harvoni for patients with genotype 1 CHC who have had a liver transplant. Additional details are provided in the table below.

Although prescribers have been notified of ribavirin's discontinuation, pharmacists may still see prescriptions for ribavirin. If this happens, the pharmacist must ensure they can secure sufficient supply of ribavirin for the full treatment course. If they can't, they will need to notify the prescriber so the prescriber can request Special Authority coverage for an extended course of Epclusa or Harvoni, if appropriate.

Patient group eligible for SA coverage	Previous coverage	New coverage
chronic hepatitis C, genotypes 1-6, decompensated cirrhosis	Epclusa + ribavirin for 12 weeks	Epclusa for 24 weeks
chronic hepatitis C, genotype 1, decompensated cirrhosis	Harvoni + ribavirin for 12 weeks	Harvoni for 24 weeks
chronic hepatitis C, genotype 1, liver transplant recipients	Harvoni + ribavirin for 12 weeks	Harvoni for 12 weeks

Please review the complete coverage details at the links below.

Resources

- updated [Limited Coverage \(Special Authority\) criteria for Epclusa](#)
- updated [Limited Coverage \(Special Authority\) criteria for Harvoni](#)
- [Hepatitis C prescriber info sheet](#)



Did you know?

PharmaCare helped 780,671 B.C. residents pay for prescription medications in 2020-21. Find more stats like this in [2020/2021 PharmaCare Trends](#).