

BC PHARMACARE NEWSLETTER

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Refills

Your dose of drug information in between details

Q: Do you know the Why, Who, What, Where and How of nirmatrelvir/ritonavir (Paxlovid™)?

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

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



COVID-19 vaccinations: ImmsBC entry and payment date

Pharmacy claims for COVID-19 vaccinations that are entered in ImmsBC at the end of a month may be paid two months later rather than one month later.

This is because the interim [single-entry solution](#) causes a delay between the entry of the claim in ImmsBC and the creation of a record in PharmaNet. When claims are made at the end of the month, PharmaNet may receive the claim at the start of the following month.

Please note that claims must still be entered on the date of administration. PharmaCare thanks pharmacists for their patience.

Infant formula shortage; Zoom info session

Inventory of EHF and AABs remains low across the country. However, with shipments of specialized formula entering Canada, the supply of EHF will stabilize over the next few weeks and improve through July. The shortage of AAB formulas remains challenging and is expected to continue into the fall.

Pharmacists are still encouraged to manage specialized formula supply by limiting the number of purchases and keeping product behind the [pharmacy counter](#).

Zoom Q&A with Perinatal Services BC – July 7

Perinatal Services BC will run an online Q&A session for B.C. healthcare providers on **Thursday, July 7**, from 12pm to 1pm. The session will review Health Canada information, key messages, and emerging questions and concerns related to the evolving formula shortage. Email [Melinda Skwarok](#) for an invitation to the Zoom session.

Reminders

Important: Please enter correct DIN/PIN for Paxlovid™ related claims

Many claims for the new Paxlovid Assessment Fee (PAX-A) have been submitted under the wrong PIN.

For example, on the day of the Paxlovid dispense, some pharmacies have entered the Paxlovid Follow-up (PAX-F) PIN instead of the PAX-A PIN. This results in no payment at all – not of a PAX-A fee nor the PAX-F fee.

As well as affecting pharmacy payment, entering the wrong PIN hinders pharmacovigilance and evaluation.

Please review the guidance below to ensure your pharmacy is compensated appropriately and data is collected accurately.

Day of dispense:

- Submit the Paxlovid dispense under the **Paxlovid DIN: 02524031**
- Submit the PAX-A (Assessment) claim using the **PAX-A PIN: 66128340**

6 to 10 days after dispense:

- Submit the PAX-F (Follow-up) claim using the **PAX-F PIN: 66128313**

For the procedures and documentation requirements for each of these activities, please see [Dispensing Paxlovid and monitoring adverse drug events: A guide for B.C. pharmacists](#)

Dispensing Paxlovid™ to out-of-province/out-of-country patients

This is a reminder that as of February 14, 2022, [exceptional Plan Z coverage of nirmatrelvir/ritonavir \(Paxlovid\)](#) is available for **any patient** receiving treatment in B.C. They may be in the wait period for MSP, or they may live in a different province or country.

To apply, a prescriber or pharmacist should call the HIBC Help Desk.

Please see the Special Notes section of the [Paxlovid criteria page](#) for details.



Limited coverage benefits

As of June 7, 2022, coverage of Ofev is extended to include treatment of progressive pulmonary fibrosis (PPF):

Drug name	nintedanib (Ofev®)		
Date effective	June 7, 2022		
Indication	Chronic fibrosing interstitial lung diseases (ILDs) with a progressive phenotype, also known as progressive fibrosing ILD (PF-ILD) or progressive pulmonary fibrosis (PPF) *Existing coverage is for idiopathic pulmonary fibrosis (IPF)		
DIN	02443066	Strength and form	100 mg capsule
	02443074		150 mg capsule
Covered under plans	Fair PharmaCare, B, C, F, P, W		

As of June 14, 2022, the following products are covered as limited coverage benefits under the DINs below:

Drug name	indacaterol-glycopyrronium-mometasone furoate (Enerzair® Breezhaler®)		
Date effective	June 14, 2022		
Indication	asthma		
DIN	02501244	Strength and form	150 mg – 50 mcg – 160 mcg capsule
Covered under plans	Fair PharmaCare, B, C, F, P, W		

Drug name	indacaterol-mometasone furoate (Ateectura® Breezhaler®)		
Date effective	June 14, 2022		
Indication	asthma		
DIN	02498685	Strength and form	150 mg – 80 mcg capsule
	02498707		150 mg – 160 mcg capsule
	02498693		150 mg – 320 mcg capsule
Covered under plans	Fair PharmaCare, B, C, F, P, W		

As of June 27, 2022, the following products are covered as limited coverage benefits under the DINs below:

Drug name	apomorphine hydrochloride (Kynmobi®)		
Date effective	June 27, 2022		
Indication	“Off” episodes in those with Parkinson’s disease		
DIN	02500264	Strength and form	10 mg film
	02500272		15 mg film
	02500280		20 mg film
	02500299		25 mg film
	02500302		30 mg film
Covered under plans	Fair PharmaCare, B, C, F, W		

Non-benefits

As of June 14, 2022, PharmaCare has determined the following product will not be covered under the DIN below:

Drug name	infliximab (Remsima™ SC)
Date effective	June 14, 2022
DIN	02511576

As of June 27, 2022, PharmaCare has determined the following products will not be covered under the DINs below:

Drug name	ofatumumab (Kesimpta®)
Date effective	June 27, 2022
DIN	02511355

Drug name	escitalopram oxalate (KYE-escitalopram)
Date effective	June 27, 2022
DIN	02512653

Your Voice: Patient input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups are 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	semaglutide (Wegovy™)
INDICATION	weight management
INPUT WINDOW	June 29 to July 27, 2022

DRUG	edaravone oral (TBC)
INDICATION	amyotrophic lateral sclerosis (ALS)
INPUT WINDOW	June 29 to July 27, 2022

DRUG	berotralstat (Orladeyo®)
INDICATION	hereditary angioedema (HAE)
INPUT WINDOW	June 29 to July 27, 2022

DRUG	lemborexant (Dayvigo™)
INDICATION	insomnia
INPUT WINDOW	June 29 to July 27, 2022



Did you
know?

PharmaCare Plan G (Psychiatric Medications) is PharmaCare's third-highest expenditure by plan.

Find more stats like this in [2020/2021 PharmaCare Trends](#).

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 (FNHA) 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 #9: Next steps in Indigenous healthcare in British Columbia

Efforts to improve the experiences of Indigenous people within the BC healthcare system are underway. This article highlights efforts made and presents opportunities for building on existing work through continuous self-reflection, learning and unlearning.

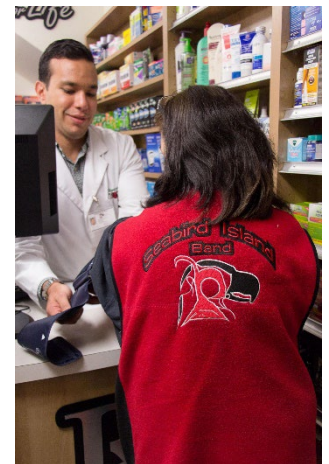
In 2015, the Truth and Reconciliation Commission of Canada (TRC) released a historical record of the horrifying legacy of the residential school system. The final report detailed [94 calls to action](#) across a wide range of areas including child welfare, education, health, justice, language and culture. These calls to action provided a path for the BC Government and Indigenous and non-Indigenous communities to create a joint vision of reconciliation.

As discussed in previous articles, a number of commitments have been made by governments, healthcare providers and health provider associations, in alignment with the TRC's recommendations:

- 2017: The College of Pharmacists of British Columbia (CPBC) pledged their commitment to improving BC pharmacy professionals' work with First Nations and Aboriginal people when it signed the [Declaration of Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal Peoples in B.C.](#)
- November 2019: The BC government adopted the [United Nations Declaration on the Rights of Indigenous People](#) and passed the [Declaration on the Rights of Indigenous Peoples Act](#)
- May 2021: The CPBC participated in [Racism in Health Care: An Apology to Indigenous People and a Pledge to Be Anti-Racist](#).

These commitments signal a clear awareness of the need for cultural safety and humility in the B.C. health system.

Many pharmacists are moving from words to actions today. Some pharmacies (such as [Epic Pharmacy](#), [Pharmasave Old Mill Plaza](#), and [Seabird Island Pharmacy](#)) are increasing culturally safe care by strengthening relationships with their local First Nations health service organizations. Collaboration with the First Nation's health team fosters trust and provides insights into culturally safe pharmacy services that are appropriate for that community. Others are advancing their knowledge through training courses (e.g. [San'yas Anti-Racism Indigenous Cultural Safety Training](#)) or experiential learning opportunities such as [National Indigenous Peoples Day activities and other Indigenous-led activities](#).



Solidifying individual commitment toward cultural safety and humility requires continuous self-reflection and self-examination. This can include asking yourself:

- Do I have an awareness of Canada's historical treatment of Indigenous populations and, if so, am I practicing with a [trauma-informed approach](#)?
- Do I recognize the differing health status of First Nations and non-First Nations that exist as a result of colonization? Have I incorporated strategies in my practice to address these?

- Do I reflect on my own cultural values? Can I explain the impact that my identity, including cultural values, has on my practice?
- What will I do if I witness unethical, unprofessional conduct, or racist behaviours in pharmacy practice?

Cultural safety and humility will vary by community as the relationships between healthcare professionals and the people they serve are unique and evolve over time. Pharmacists, through continuous self-reflection, can make necessary changes to provide enhanced services that are culturally safe and free of racism and discrimination.

Pharmacists are encouraged to review the resources and links shared throughout the PharmaCare Newsletter [*series*](#).

Sources

- Truth and Reconciliation Commission of Canada's [94 Calls to Action](#)
- [BC Health Regulators](#)
- [San'yas Anti-Racism Indigenous Cultural Safety Training Program](#)
- [National Indigenous Peoples Day activities and other Indigenous-led activities](#)
- [How to implement trauma and violence-informed approaches](#)
- [College of Pharmacists of BC Commitment to Cultural Safety and Humility](#)