

BC PHARMACARE NEWSLETTER

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TEMPORARY ADDITION IN PHARMANET OF IMPORTED SALBUTAMOL MDIs

Effective June 2, 2020, two imported salbutamol metered-dose inhalers (MDIs) have been temporarily added as non-benefits in PharmaNet: a UK-labelled product (manufacturer Teva) and a Spanish-labelled product (manufacturer Aldo-Unión).

Salbutamol is a bronchodilator that has seen increased demand across Canada since March 2020 due to COVID-19 related impacts. The temporary inclusion of the UK-labelled and the Spanish-labelled products in PharmaNet follows amendments made to the *Food and Drugs Act* on March 25, 2020, affording Health Canada more provisional ability to support efforts against drug shortages, including limited importation of foreign products. A supply for these inhalers has already arrived in B.C. However, currently, only the Spanish-labelled product is available for order by community pharmacists.

As usual salbutamol MDIs are available in B.C., PharmaCare is not providing coverage for the foreign products, but will have them listed as non-benefits for individuals who wish to access them and pay out-of-pocket. Pharmacists are to use **PIN 09858115** for the UK-labelled product and **PIN 09858116** for the Spanish-labelled product when entering the product into PharmaNet. As with other drug products during the COVID-19 emergency period, the distribution of these MDIs will be subject to drug allocation strategies to ensure sustainable supply.

The PharmaCare Newsletter is published by the Pharmaceutical 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.



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See [Health Canada's Important Safety Information](#) for details on the importation of UK-labelled salbutamol and [Health Canada's Professional Letter](#) for details on the Spanish-labelled product. For up-to-date information on any drug shortages, consult [Canadian Drug Shortages](#) or [PharmaCare Drug Shortage Information](#). To track other COVID-19 related changes, see PharmaCare's [COVID-19 Information for Pharmacies](#).

PHARMACARE AUDIT RESUMES ON-SITE AUDIT

Upon the publishing of this newsletter, on-site audits by PharmaCare Audit are resuming, following protocols from the Office of the Provincial Health Officer. The suspension of on-site audit, as mentioned in [PharmaCare Newsletter 20-005](#), has ended.

LIMITED COVERAGE BENEFITS

ADHD COVERAGE EXPANSION

Coverage for the Attention Deficit Hyperactivity Disorder (ADHD) drugs listed below has been expanded to include adult patients. ADHD drugs are limited coverage benefits available under Fair PharmaCare and Plans C, G and W:

DATE COVERAGE EXPANDED	June 9, 2020		
DRUG NAME	BRAND	INDICATION	
atomoxetine	Generics only	Attention Deficit Hyperactivity Disorder (ADHD)	
lisdexamfetamine	Vyvanse®		
methylphenidate (extended-release)	Concerta® (partial coverage up to generic price) and generics		
dextroamphetamine-amphetamine (mixed amphetamine salts)	Generics only		
PLAN G BENEFIT	Yes		
PLAN P BENEFIT	No		

For more information, see the [drug decision summary](#) for the listed drugs or the [ADHD Therapeutic Review](#).

HEPATITIS C COVERAGE MODIFICATION

Effective June 11, 2020, coverage of glecaprevir-pibrentasvir has been adjusted to reduce the duration of treatment from 12 weeks to 8 weeks for treatment-naïve adult chronic HCV patients with compensated cirrhosis. Glecaprevir-pibrentasvir is a limited coverage benefit under Fair PharmaCare and Plans B, C, F and W for patients who meet the [updated criteria](#).

DATE COVERAGE EXPANDED	June 11, 2020		
DRUG NAME	glecaprevir-pibrentasvir (Maviret™)		
INDICATION	Chronic Hepatitis C		
DIN	02467550	STRENGTH AND FORM	100 mg/40 mg tablet
PLAN G BENEFIT	No	PLAN P BENEFIT	No