

# BC PHARMACARE NEWSLETTER

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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](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)



**Q:** Why does a recent guideline recommend against the use of DPP4 inhibitors such as linagliptin (Trajenta®) in people with type 2 diabetes?

**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!



## Biosimilars Initiative: ustekinumab

The next phase of the Biosimilars Initiative is focused on patients with plaque psoriasis with PharmaCare coverage for ustekinumab (Stelara®). In the six-month period from May 30 to December 2, 2024, PharmaCare is switching coverage from the originator biologic to a biosimilar option.

Switch period: May 30, 2024, to December 2, 2024		
Originator	PharmaCare-covered biosimilar	Condition
Ustekinumab (Stelara®)	Jamteki™	Plaque psoriasis (PsO)

To maintain PharmaCare coverage, patients currently covered for the originator biologic Stelara® must, in consultation with their prescriber, switch to the approved biosimilar product: Jamteki™.

Prescribers can submit [HLTH 5849](#) to request a list of patients for whom they've prescribed ustekinumab.

### Transition timeline

#### May 30, 2024

All new Special Authority (SA) requests, including renewals, for ustekinumab will only be approved for Jamteki. Limited coverage criteria updated.

#### May 30, 2024, to December 2, 2024

Patients with PharmaCare coverage for Stelara who wish to maintain ustekinumab coverage must transition to an approved biosimilar product. To maintain patients' coverage, prescribers must write a new prescription for their patients on Stelara, indicating the transition to a specific biosimilar. Pharmacists are essential to identifying and informing patients who need a new prescription.

For patients with existing ustekinumab SA approval, eligible biosimilar brands will be covered. Prescribers do not need to submit a new SA request for coverage of the biosimilar until the next SA renewal date.

#### December 3, 2024

Stelara becomes a PharmaCare non-benefit (not covered). Only the approved biosimilar products are authorized for continued ustekinumab coverage.

Special Authority requests for patients who are unable to transition to biosimilars will be considered on an exceptional case-by-case basis.

### Patient support fee for pharmacists

Although pharmacists cannot adapt a prescription for an originator drug to a biosimilar, they can help identify and notify patients, and letting them know they need a new prescription, who may be affected by the switch. In recognition of this support to patients, a \$15 per patient support fee is offered to pharmacies for their efforts. The fee is submitted as a PIN (66128474) in PharmaNet, to be paid monthly, in accordance with the [monthly payment schedule](#).

During interactions with a patient, if a pharmacist notices that a patient's medication record indicates current use of Stelara, they should:

1. Initiate a conversation to confirm they are using the drug for the listed condition
2. Check whether they have active PharmaCare coverage or [Special Authority](#) for that drug
3. Inform the patient that they may be affected by the biosimilar switch, and ask if another pharmacy has provided support for the switch.
4. Encourage them to contact their prescriber for a new prescription before the switch period ends (December 2) to maintain PharmaCare coverage.

Only one patient support fee can be claimed per PHN. Support fees must be submitted within the switch period window. As key points of contact for patients, pharmacists play a valuable role in bringing positive awareness to the Initiative. Patients frequently turn to pharmacists as a source of health information and rely on those conversations to inform discussions with their prescribers.

A patient support fee is also available to prescribers. For more information, visit [Biosimilars Initiative for health professionals](#)

#### Resources

- [Biosimilars Initiative for health professionals](#)
- [2024 PharmaCare Provider Payment Schedule \(PDF, 165KB\)](#)
- [HLTH 5849 – Ustekinumab patient list request](#)

## Select correct prescriber in PharmaNet when dispensing an Rx

PharmaCare is seeing a number of claims related to prescriptions that name non-prescribers as the prescriber. The issue is often due to a user error, where a pharmacist enters the wrong Ref ID, or selects the wrong name for the prescriber in PharmaNet. Some providers share the same name, or have multiple Ref IDs in PharmaNet – some are prescribers, some are not.

Non-prescribers, such as licensed practical nurses or registered pharmacy technicians, do not have the authority to prescribe medications and should not be recorded as the prescriber in any circumstance. If a prescription is received from a non-prescriber, pharmacists should contact the medical site that is the source of the prescription to confirm who the correct prescriber should be.

Non-prescribers are indicated in PharmaNet by the following non-prescriber codes: L9, NX, RX, YX, T9.

#### Non-prescribers include:

- L9 - BCCNM - LICENSED PRACTICAL NURSES
- NX - BCCNM - NON-PRESCRIBING NURSE PRACTITIONERS
- RX - BCCNM - NON-PRESCRIBING REGISTERED NURSES
- YX - BCCNM - NON-PRESCRIBING REGISTERED PSYCHIATRIC NURSES
- T9 - CPBC - REGISTERED PHARMACY TECHNICIANS

## Audit to return prescription records within 20 business days

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PharmaCare Audit's timeframe between the removal and return of prescription records has increased from 5 to 20 business days to align with other pharmacy records.

Audits are performed to ensure that PharmaCare providers, and claims for drugs, medical supplies, and services paid by PharmaCare to a provider, comply with the terms of relevant Acts, regulations, bylaws, policies and procedures.

When auditors remove records from a provider site, they must return those records within 20 business days. Previously, prescription records were returned within 5 business days, however, going forward all documentation removed from a provider will fall under the same 20-day timeframe.

Auditors typically review prescription records that are at least four months old. Since the information from these prescription records have already been entered into pharmacy software, and the paper prescription records are no longer being actively used, the new 20-business-day turnaround should not affect pharmacy operations. PharmaCare Audit will continue to try and limit the amount of time they possess any provider's records and return them as soon as they can.

Refer to the [PharmaCare Policy Manual, section 10.1 – Audit](#) to learn more about PharmaCare's audit process and policy.

### Resources

- [Policy Manual, section 10.1 – Audit](#)

## Prosthetic and Orthotic Policy Manual language update

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As of May 8, 2024, the PharmaCare [Prosthetic and Orthotic Policy Manual](#) has been updated for clarity.

This update changed the term "basic functionality" to "basic function" and ensures that this term is only used to describe the level of function that a device offers. The term "activities of daily living (ADL)" was introduced to refer to clients' functional abilities, as they inform the level of device function that may be eligible for PharmaCare coverage.

The language updates did not alter any existing PharmaCare policies.

### Resources

- [Prosthetic and Orthotic Policy Manual](#)

## Marking 1 year of PharmaCare's MACS

June 1 marks the 1-year anniversary of pharmacists prescribing in B.C. and PharmaCare's Minor Ailments and Contraception Service (MACS) program. Pharmacists in B.C. can assess people for 21 minor ailments and contraception and can prescribe medications for these when appropriate. PharmaCare providers submit claims for reimbursement through the MACS program.



Within three months of the program's launch, more than 75,500 patients received a MACS service; over 3,500 pharmacists (about 67%\* of pharmacists in B.C.) provided MACS. The numbers of participating pharmacists and patients served have continued to rise steadily. Data inclusive of April 30, 2024, indicates that the number of patients who have received MACS has grown to over 280,000. Approximately 77%\* of pharmacists have now provided MACS.

The most assessed conditions throughout the program's history has been for uncomplicated urinary tract infections (UTIs) and contraception, each amounting to 20% of all MACS assessments from June until April 30, 2024. In 89% of these cases, patients were prescribed medication for treatment, with the antibiotic nitrofurantoin being the most prescribed drug.



The Ministry developed a program evaluation plan to assess the impact of pharmacists prescribing for minor ailments and contraception (PPMAC) on patients, health providers and the health system. Evaluation activities are underway to assess the uptake and effect of the initiative, and identify areas where quality of care can be improved. These include:

- Ongoing monitoring of PPMAC implementation, with utilization data updated monthly on the [Pharmacists prescribing for minor ailments and contraception – data](#) web page
- A patient survey by BC Stats to better understand patients' experiences accessing PPMAC.
- In partnership with UBC researchers, qualitative studies will be conducted to examine pharmacist experience with PPMAC, including barriers and facilitators to adopt expanded scope
- In partnership with the BC Centre for Disease Control (BCCDC), an evaluation to examine antibiotics prescribing for uncomplicated urinary tract infection by various prescriber types, including pharmacists.

Ongoing evaluation will allow PharmaCare to understand how to support pharmacies as they help B.C. residents meet even more of their health care needs in a timely way—right in the pharmacy. Refer to [PPMAC evaluation framework \(PDF, 97KB\)](#) for an overview of the evaluation plan.

# Marking 1 year of MACS!



PharmaCare welcomes feedback from pharmacies about their experiences providing MACS and factors that have been barriers to their participation. Email us at [MACS@gov.bc.ca](mailto:MACS@gov.bc.ca)

For more information on MACS, including instructions on how to begin providing MACS to your community, visit the government's [MACS web page](#).

All pharmacies are encouraged to print off and post the pharmacist services poster below.

- [Pharmacist Services Poster - English](#)
- [Pharmacist Services Poster - French](#)
- [Pharmacist Services Poster - Punjabi](#)
- [Pharmacist Services Poster - Simplified Chinese](#)
- [Pharmacist Services Poster - Traditional Chinese](#)

Interior Health has produced a poster for pharmacies in their region. Print it and post it!

- [Where to get care – pharmacy \(interiorhealth.ca\)](#)

Island Health has produced posters and rack cards for pharmacies. Print them and post them!

- [Pharmacists Prescribing poster](#)
- [Urgent Refill poster](#)
- [Urgent Refill rack cards](#)

## Resources

- [Minor Ailments and Contraception Service \(MACS\) – general information for health professionals](#)
- [Pharmacists prescribing for minor ailments and contraception - data](#)
- [Pharmacist Prescribing for Minor Ailments and Contraception \(PPMAC\) Regulatory Education Module](#)
- [Minor Ailments and Contraception Service – Section 8.14, PharmaCare Policy Manual](#)
- [PPMAC evaluation framework \(PDF, 97KB\)](#)

\*Number refers to MACS provided by “active” pharmacists who have submitted at least one claim

## New educational opportunities to support MACS

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On May 30, UBC Continuing Pharmacy Professional Development (CPPD) released the following free, accredited programs to support the Minor Ailments and Contraception Service (MACS):

- [MACS: Dyspepsia - CPPD \(ubc.ca\)](#)
- [MACS: Headache - CPPD \(ubc.ca\)](#)
- [MACS: Oral Ulcers - CPPD \(ubc.ca\)](#)
- [MACS: Shingles - CPPD \(ubc.ca\)](#)
- [MACS: Vaginal Candidiasis - CPPD \(ubc.ca\)](#)

Pharmacists are encouraged to enrol in these programs and continue to seek other educational opportunities and resources to support their participation in MACS.

Other educational opportunities available through UBC CPPD: [Continuing Pharmacy Professional Development Programs](#) and [Building Cultural Safety and Humility for First Nations Clients into Pharmacy Practice](#).

## Pharmacogenomics (PGx) Survey

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The Precision Medicine and Genetic Services unit at the Ministry of Health is running a survey to better understand the experiences and requirements of pharmacogenomics (PGx) education and awareness among health care providers. The survey will serve as a foundation for an upcoming education and awareness campaign. Visit [Pharmacogenomics \(PGx\) Survey](#) to take the survey. The survey is open until June 30, 2024.

PGx is a field of research that studies how a person's genetic makeup affects their response to medication. PGx testing provides information that can help identify drugs and doses that are most likely to work for an individual patient.

### Resources

- [Pharmacogenomics \(PGx\) Survey](#)
- [Pharmacogenomics Testing: guidance for providers \(PDF, 273KB\)](#)

## TI Letter – Rethink clindamycin for dental patient safety

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The Therapeutics Initiative (TI) recently published a letter that provides guidance on antibiotic use in dental infections and reviews the harms of clindamycin. Visit [Therapeutics initiative \[148\]](#) to read the letter.

### Resources

- [Therapeutics initiative \[148\] Rethink clindamycin for dental patient safety](#)

## Subscribe to the PharmaCare Newsletter



## PharmaCare RAT kit distribution fee remains \$75 per case

Pharmacies will continue to be paid \$75 per case of COVID-19 rapid antigen tests (RAT) kits distributed, regardless of the number of kits in a case; as of May 29, 2024, Artron cases contain 115 kits, down from 140. Each kit contains 5 tests.

Community pharmacies may claim a fee for distributing, at no charge to clients, publicly funded COVID-19 RAT tests, along with plain language instruction sheets. They may also provide a QR code that links to the instruction sheet if the client prefers.

Pharmacy staff must enter the PIN in PharmaNet on opening a case.

As previously communicated, Health Canada approved a 6-month extension to the expiry date printed on the case.

For details about shelf-life extensions, visit:

- [BC Centre for Disease Control COVID-19 website](#)

For claims procedures and further details, visit:

- [RAT kit distribution - Section 8.15, PharmaCare Policy Manual](#)

### Resources

Plain language RAT kit instructions: [English](#) | [ASL](#) | [Arabic](#) | [Simplified Chinese](#) | [Traditional Chinese](#) | [Farsi](#) | [French](#) | [Korean](#) | [Punjabi](#) | [Spanish](#) | [Vietnamese](#) | [Tigrinya](#) | [Russian](#) | [Ukrainian](#)



## RAT kit payment update

Since the last newsletter, PharmaCare has paid pharmacies for COVID-19 rapid antigen test (RAT) kit distribution as follows:

Payment month	Payment date
March 2024	June 3, 2024

Pharmacies are paid \$75 for each **case** of RAT kits distributed, and pharmacists are reminded to enter the correct PIN for each case of RAT kits distributed.

- BTNX: 66128325
- Artron: 66128338

### Resources

- [2024 PharmaCare Provider Payment Schedule \(PDF, 165KB\)](#)

## Formulary and listing updates

### Regular benefits: estradiol vaginal inserts (Imvexxy™)

PharmaCare has added the following regular benefit coverage items to the PharmaCare drug list.

<b>Drug name</b>	<a href="#">estradiol vaginal inserts (Imvexxy™)</a>		
<b>Date</b>	May 14, 2024		
<b>Indication</b>	For the treatment of postmenopausal moderate to severe dyspareunia, a symptom of vulvar and vaginal atrophy.		
<b>DIN</b>	02503689 02503697	<b>Strength &amp; form</b>	4 mcg 10 mcg

### Limited Coverage benefits: filgrastim (Nypozi®), risankizumab (Skyrizi®), ustekinumab biosimilar (Jamteki™)

PharmaCare has added the following Limited Coverage items to the PharmaCare drug list. Special Authority approval is required for coverage.

<b>Drug name</b>	<a href="#">filgrastim (Nypozi®)</a>		
<b>Date</b>	May 14, 2024		
<b>Indication</b>	For the prevention and treatment of febrile neutropenia		
<b>DIN</b>	02520990 02521008	<b>Strength &amp; form</b>	300 mcg/0.5 mL pre-filled syringe 480 mcg/0.8 mL pre-filled syringe

<b>Drug name</b>	<a href="#"><u>risankizumab (Skyrizi®)</u></a>		
<b>Date</b>	May 30, 2024		
<b>Indication</b>	For the treatment of adult patients with moderately to severely active Crohn's disease		
<b>DIN</b>	02532107 02532093	Strength & form	600 mg/10 mL vial 360 mg/2.4 mL prefilled cartridge with on-body injector

<b>Drug name</b>	<a href="#"><u>ustekinumab biosimilar (Janteki™)</u></a>		
<b>Date</b>	May 30, 2024		
<b>Indication</b>	For the treatment of chronic moderate to severe plaque psoriasis in adult patients For the treatment of adult patients with active psoriatic arthritis		
<b>DIN</b>	02543036 02543044	Strength & form	45 mg/0.5 mL pre-filled syringe 90 mg/1 mL pre-filled syringe

### Plan Z (Assurance) benefits: nirmatrelvir/ritonavir (Paxlovid™)

<b>Drug name</b>	<a href="#"><u>nirmatrelvir/ritonavir (Paxlovid™)</u></a>		
<b>Date</b>	May 28, 2024		
<b>Indication</b>	To reduce the risk of hospitalization in adults with mild to moderate COVID-19 at high risk of progressing to severe COVID-19		
<b>DIN</b>	02524031 02527804	Strength & form	150 mg of nirmatrelvir and 100 mg of ritonavir tablets

## 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](#). If you know someone who is taking one of the drugs below or who has a condition any of the drugs treat, please encourage them to visit [www.gov.bc.ca/BCyourvoice](http://www.gov.bc.ca/BCyourvoice).

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
fidaxomicin (Difcid®)	For first-line treatment of <i>Clostridium difficile</i> infection in adults 18 years of age and older.	May 29 to June 25 at 11:59 pm
remdesivir (Veklury®)	For COVID-19 in non-hospitalized adult and pediatric patients at least 12 years of age, weighing at least 40 kg, who are at high risk for progression to severe COVID-19.	May 29 to June 25 at 11:59 pm
etrasimod (Velsipity™)	For moderately to severely active ulcerative colitis (UC) in adult patients.	May 29 to June 25 at 11:59 pm
tofacitinib (generics)	For the treatment of adult patients with active ankylosing spondylitis (AS).	June 12 to July 9 at 11:59 pm
tofacitinib (generics)	For the treatment of adult patients with active psoriatic arthritis (PsA).	June 12 to July 9 at 11:59 pm



### Did you know?

PharmaCare updates LCA and RDP information on the first Thursday of every month. PharmaCare can make changes mid-month, as needed, including generic drug pricing adjustments or expedited coverage for significant first-entry generics. Visit [Low Cost Alternative \(LCA\) and Reference Drug Program \(RDP\) Data Files](#) for more information.