

# BC PHARMACARE NEWSLETTER

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## COVID-19: CLARIFICATION AND UPDATES

As stated in [PharmaCare newsletter 20-003](#), pharmacies are being asked to help maintain the viability of our health care system by reducing the load on prescribers and helping to manage the drug supply. Pharmacies should make every effort to:

- Reduce prescriber visits by providing up to 30-day emergency supplies to patients with expired prescriptions (see PPP-31). This may be repeated for another 30-day supply if necessary. This includes narcotics, psychiatric drugs and anti-psychotics for chronic conditions.
- Manage stock appropriately. Do not dispense more than the maximum days' supply indicated in PharmaNet. Do not over-order.

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.



- Provide early fills to people so they can self-isolate for a minimum of 14 days – longer for seniors and other more vulnerable people. Use intervention code “UF”. Please note the combination of the amount the patient has on hand, plus the amount the pharmacy dispenses, may not exceed the maximum days’ supply

All early fills, emergency supplies, or other dispenses outside the norm due to COVID-19 MUST be documented as “for COVID-19” or similar, for audit purposes.

To improve pharmacy ability to deliver medications, the College of Pharmacists of BC has implemented [Professional Practice Policy 71: Delivery of OAT](#) ahead of schedule. It is effective as of March 17, 2020.

Pharmacists may be exempt from self-isolation requirements after travel if they are critical to the operation of their organization/pharmacy. Pharmacists who have recently returned from outside Canada should self-isolate if they are not critical staff. If a pharmacist must work after travelling, they should self-monitor carefully and use a mask and gloves to protect others, if they have any respiratory symptoms.

If you require informational signage for your pharmacy, please visit the [BCPhA’s website](#). (This is open to non-BCPhA members as well.)

For more details on the Professional Practice Policies that apply to the current emergency, please see the [College of Pharmacists of BC website](#).

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## KADIAN SHORTAGE

The BC Centre of Substance Use (BCCSU) reports a potential shortage of 50 mg and 100 mg capsules of the brand-name drug Kadian®, a slow-release oral morphine used for opioid agonist treatment. Though orders for these strengths may be backlogged and awaiting delivery at select pharmacies, note that Kadian is still available in 10 mg and 20 mg strengths. For more information, visit [www.drugshortagescanada.ca](http://www.drugshortagescanada.ca) and search “Kadian.”

In the meantime, BCCSU has published interim guidelines on how pharmacies can support patients affected by the shortage (see their [Opioid Agonist Treatment Alert – March 9, 2020](#)), including ordering 10 and 20 mg strengths or getting 50 and 100 mg strengths transferred from other pharmacies. If pharmacies still cannot get Kadian, patients may be temporarily switched to M-ESLON. See the [BCCSU Alert](#) for M-ESLON DINs and how patients may be converted.

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## BIOSIMILARS INITIATIVE: END OF PHASE TWO

Phase Two of the Biosimilars Initiative has ended as of March 5, 2020. In this phase, gastroenterologists switched their Remicade® patients to PharmaCare-covered biosimilars for gastrointestinal (GI) indications including Crohn’s disease and ulcerative colitis.

During the six-month switch period (September 5, 2019—March 5, 2020), a Patient Support Fee was provided to pharmacies for helping to identify affected patients and providing switch assistance. Following the end of Phase Two, the Support Fee PIN is no longer active.

For more information on biosimilars and to see data reports from Phases One and Two, visit [www.gov.bc.ca/biosimilars/pharmacy](http://www.gov.bc.ca/biosimilars/pharmacy)

## REMINDER: PROVISIONAL COVERAGE FOR BLOOD GLUCOSE TEST STRIPS

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This is a reminder that under [Section 5.16](#) of the PharmaCare Policy Manual, all pharmacies are obligated to accept coverage vouchers for blood glucose test strips (BGTS). Patients who have completed Blood Glucose Monitoring training at a Diabetes Education Centre will receive a coverage voucher for provisional coverage of BGTS. In case the patient's Confirmation of Training is not yet recorded on PharmaNet, they can use the voucher to tide them over until they are processed on PharmaNet.

Coverage vouchers are limited to one (1) fill up to a \$100.00 maximum and can only be used once per individual.

### Procedure for processing a coverage voucher

If a patient's Confirmation of Training is not yet on record and they present you with a coverage voucher:

1. Fax both sides of the voucher to HIBC (250 405-3587) on the same day.
2. Call the PharmaNet Help Desk to inform them of the faxed voucher.
  - From the Lower Mainland: 604 682-7120
  - From the rest of B.C.: 1 800 554-0225
3. HIBC will immediately process the patient so the pharmacist can submit the claim as provisional coverage.

## MAiD MEDICATIONS TRANSITIONED TO PLAN Z

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As of March 20, 2020, medications dispensed for Medical Assistance in Dying (MAiD) will be adjudicated in PharmaNet under Plan Z. Plan Z provides full coverage of any medication on the Plan Z formulary for any B.C. resident with a valid prescription. The transfer of MAiD drugs to Plan Z allows the provision of MAiD services without the need for Special Authority approval.

Some of these medications are benefits under other PharmaCare plans. To ensure correct adjudication of the claim in PharmaNet, please enter the appropriate PINs rather than the drug-specific DINs.

Each PIN identifies a drug, strength/concentration, and form. It will not identify a specific brand. Any brand of a drug with a PIN can be dispensed and will be paid up to the maximum price that is allowable for that PIN. If you are unable to acquire a product that meets the specifications of the drug identified in the [MAiD PINs table](#), or if the price of the product you have exceeds the allowable maximum price, please contact the PharmaNet Help Desk for assistance.

## PHISHING SCAM ALERT

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Multiple instances of phishing scams have been reported to the College of Pharmacists of BC (CPBC). Several patients have been contacted by callers posing as pharmacy staff asking for personal and/or credit card information. If your clients report similar phone calls, please inform them that pharmacies would not request this type of information over the phone. Clients that receive suspicious phone calls can verify legitimacy by contacting their pharmacist; unverified requests may be reported toll-free to the Canadian Anti-Fraud Centre at 1 888 495-8501 or the RCMP.

For clients who have been scammed or for more information, see the CPBC article on the phishing scam at: <https://www.bcpharmacists.org/readlinks/alert-reported-phishing-scam-affecting-pharmacy-teams-and-patients-british-columbia>

## NON-BENEFITS

The following products have been reviewed and will not be listed as PharmaCare benefits under the DINs specified:

PRODUCT	DIN	STRENGTH/FORM
dulaglutide (Trulicity™)	02448599	0.75 mg/0.5 mL
	02448602	1.5 mg/0.5 mL
lixisenatide-insulin glargine (Soliqua®)	02478293	100 units/mL + 33 mcg/mL
insulin degludec-liraglutide (Xultophy®)	02474875	100 units/mL + 3.6 mg/mL
glatiramer acetate (Copaxone®)	02456915	40 mg/mL