

BC PHARMACARE NEWSLETTER

Edition 23-003: March 2023

March 2023 newsletter & March 10, 2023 Special Edition newsletter

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Q: What diabetes medications are available in Canada, and does PharmaCare cover them?
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!



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
www.gov.bc.ca/pharmacaredeviceproviders

Helpful resources to support FNHA clients

The First Nations Health Authority (FNHA) has created a list of resources that pharmacy providers can use to help support FNHA clients accessing pharmacy care.

First Nations people in B.C. continue to face racism and culturally unsafe care when accessing healthcare services, including pharmacy care. Using the resources available to support FNHA clients is one component of providing culturally safe care.

Review and bookmark [Quick Links for Pharmacy Providers Assisting FNHA Clients](#) for easy access to resources, such as the Plan W OTC Recommendation form, the FNHA-Pacific Blue Cross Pharmacy Fee Supplement, and information about activating coverage for the first fill of blood glucose test strips.

The document also links to information about FNHA programming and materials related to cultural safety and humility, and Indigenous-specific anti-racism.

Resources

- [Quick Links for Pharmacy Providers Assisting FNHA Clients \(PDF\)](#)
- First Nations Health Benefits & Services Operations: 1-855-550-5454

Is it time to renew your PRIME enrolment?

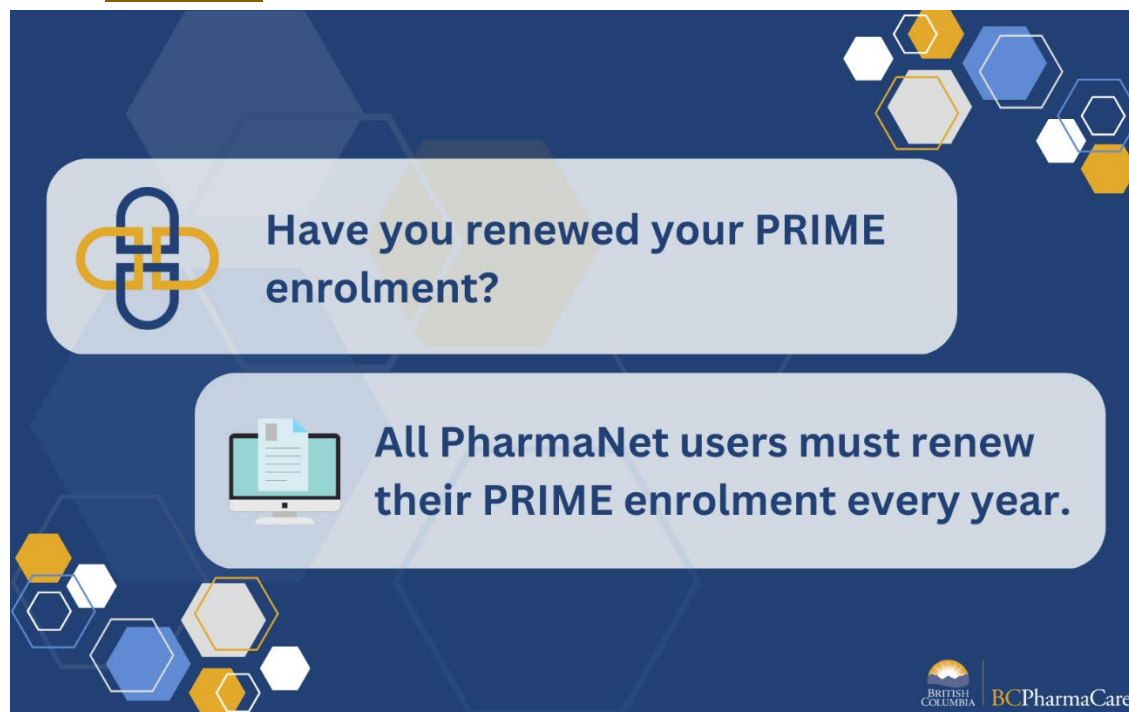
All PharmaNet users must renew their enrolment in PRIME every year. Renew your enrolment when it's time, to ensure your access reflects your current information and work environment. PRIME will send reminder emails beginning 14 days before your scheduled renewal date. Check your email junk folder and add the PRIME email addresses to your contacts to ensure you receive these important notices.

PRIME renewal takes about 5 minutes. Follow the steps below.

1. Log in to [PRIME](#)
2. Click **Renew or Update Information**
3. Update your information as needed. Select the **Edit** button to change information in sections, and click **Continue** to save
4. Submit your request at the bottom of the PRIME profile page
5. Review and accept the user terms of access. This step completes enrolment, unless you need to share your enrolment approval
6. Share your enrolment approval with your workplace PharmaNet administrator if:
 - You've changed workplaces or added a new workplace (such as a clinic or health authority) since you last enrolled or updated your information
 - You enrolled in PRIME before February 1, 2022, as a nurse (LPN, RN, RPN), pharmacy technician or midwife
 - Any of your licence-related information has changed

Resources

- [PRIME application](#)
- [About PRIME](#)

A graphic with a dark blue background and a pattern of hexagons in white, yellow, and blue. It features two light blue rounded rectangular callouts. The top callout contains the PRIME logo (two interlocking loops) and the text "Have you renewed your PRIME enrolment?". The bottom callout contains an icon of a computer monitor with a document on it and the text "All PharmaNet users must renew their PRIME enrolment every year." In the bottom right corner, there are logos for "BRITISH COLUMBIA" and "BCPharmaCare".

Have you renewed your PRIME enrolment?

All PharmaNet users must renew their PRIME enrolment every year.

BRITISH COLUMBIA BCPharmaCare

Scope of Practice Corner

News, data and information about the ongoing scope expansions enabling pharmacists to better help B.C. residents.

Pharmacists prescribing for minor ailments and contraception

In the months since Health Minister Adrian Dix announced that B.C. pharmacists will soon be able to prescribe contraceptives and treatments for minor ailments, pharmacy and policy leaders in the Ministry of Health have reviewed pharmacist prescribing practices nationally and internationally and have consulted with colleagues across government and with the College of Pharmacists of BC.

The Ministry of Health, together with the College of Pharmacists of BC, will soon hold engagement sessions with partners throughout the health sector to clarify the regulatory, practice and reimbursement changes that will be implemented in the coming months. Watch for session dates in this newsletter, on the [PPMAC web page](#) and in communications from the College of Pharmacists of BC and the BCPhA.

In addition, the Ministry, the College, the BCPhA and UBC's pharmacy program are now developing or licensing educational modules to support the coming changes. When available, these modules will be also linked from the [PPMAC web page](#).

Expansions to pharmacist scope this year include the ability to renew more prescriptions for a longer period of time and to inject more drugs. These changes help relieve pressure on primary healthcare providers in the province, and they are integral to the Ministry's larger [Pharmaceutical Care Management Strategy](#).

"Expanded scope for pharmacists supports the vision of people having the support of pharmacists at every step of their health journey," says Sue Bouma, executive director of clinical services and evaluation with the Ministry. "The pharmacist role is built into interdisciplinary care so that, for example, the transition between acute and community care is seamless. The Pharmaceutical Care Management Strategy is a transformation of culture. It has no parallel in the country or the world."

Pharmacist referrals to PPRSS

From its launch on January 24 until March 3, 2023, 156 patients were referred to the new Provincial Prescription Renewal Support Service, resulting in 149 completed assessments. Referrals have been made by community pharmacists in all five health authorities. The outcome of most assessments (60%) was a prescription renewal.

Resources

- Learn more about [PPRSS](#)
- For more information about pharmacist scope of practice changes, visit PharmaCare's [Scope of Practice web page](#)



THERAPEUTICS INITIATIVE LETTER

Two issues of the TI Letter were published in the past month. [Issue 141](#) examines the outcomes of Paxlovid treatment on patients in B.C. [Issue 140](#) considers different approaches to and implications of borderline hyperglycemia.

RAT kit payment update

PharmaCare pays pharmacies for RAT kit distribution as part of the first regular provider payment each month. Payments have a two-month delay and appear on the Pharmacy Remittance Advice Form under adjustment code 7 – Manual Payment. One payment was made since the last PharmaCare newsletter:

Month of distribution	Date paid
December 2022	March 6, 2023

PharmaCare-enrolled pharmacies receive \$75 for each case of RAT kits distributed and entered with the PIN:

- 66128325 for a BTNX case

- 66128338 for an Artron case

Resources

- [2023 PharmaCare provider payment schedule \(PDF\)](#)
- [COVID-19 information for pharmacists](#)

New provincial opioid agonist treatment model

The [Integrated Interdisciplinary Model of Opioid Agonist Treatment \(IIMOAT\)](#) was launched on December 21, 2022, by the BC Centre on Substance Use (BCCSU). It provides guidance for healthcare professionals involved in OAT care, including pharmacists, nurses, nurse practitioners and physicians. IIMOAT supports patient health by reducing the number of places people need to visit to receive their OAT medication and by maintaining up-to-date patient medication histories in PharmaNet to ensure continuity of care and optimal patient safety.

The College of Pharmacists of BC's [Professional Practice Policy 66 – Opioid Agonist Treatment](#) was amended in December 2022 to allow pharmacists in community pharmacies to provide OAT drugs to community health facilities. With this amendment, pharmacists can release patient-specific OAT and clinic (ward) stock drugs to a community health facility where an authorized healthcare professional is responsible for storing and administering them.


PharmaNet TMU (transaction medication update) entry is not a pharmacy responsibility. However, pharmacists should familiarize themselves with TMU input by other clinicians that pertain to OAT care and refer to the PharmaCare website for information about pharmacy-specific actions pertaining to [IIMOAT records in PharmaNet](#).

Also note that patient-specific, pharmacy-prepared doses, including those witnessed or provided at a community health facility, must always comply with PharmaNet patient record entry requirements per section 11(2) of the [Community Pharmacy Standards of Practice](#). This extends to medications provided to [MySafe](#) programs.

Policy Spotlight: Plan Z


Each month, we shine a spotlight on a PharmaCare policy with an at-a-glance reminder or primer on a policy that's relevant to pharmacists. We welcome your suggestions for policies to spotlight in a future newsletter. Contact us at PharmaCareNewsletter@gov.bc.ca with your suggestions or feedback.

Plan Z




100%
Coverage

Full Payment Policy applies




Universal

Every B.C. resident enrolled in MSP has automatic coverage




80+
products

- COVID-19 and mpox treatments
- MAiD, Mifegymiso
- contraceptives (as of April 1, 2023)




9,884
beneficiaries
2021-2022



Exceptional
coverage available for some benefits

Equally available to everybody

www2.gov.bc.ca/gov/content/health/practitioner_professional_resources/pharmacare/pharmacies/plan-z

Policy Spotlight: Plan Z 

Visit [Plan Z and exceptional coverage](#) for more about Plan Z.

Reminder: Select the right reusable insulin pen

Reusable insulin pens are brand-specific. When helping patients who use insulin cartridges that load into reusable pens, ensure you select the correct pen for the insulin brand they use. If a patient uses more than one brand of insulin, consider giving them a different coloured pen to use with each brand.

Half-unit pens are available

Consider asking patients, particularly younger and insulin-sensitive patients, if they're interested in switching to a pen that delivers half-unit increments. Half-unit pens, if not available from the wholesaler, can usually be obtained through the manufacturer.

Refer to the table on the following page for reusable pen types, brands, compatible insulins and manufacturer contact information.

Brand	Half-unit pen	Compatible insulins	Manufacturer info
NovoPen® 4 NovoPen® 5*	NovoPen Echo®**	Fiasp®	Novo Nordisk 1-800-465-4334
		Levemir®	
		Novolin® 30/70	
		Novolin® 40/60	
		Novolin® 50/50	
		Novolin® NPH	
		Novolin® Toronto	
		NovoMix® 30	
		NovoRapid®	
		Admelog®	

AllStar® PRO	JuniorSTAR®	Apidra®	Sanofi-Aventis Canada 1-800-265-7927
		Lantus®	
		Trurapi®	
HumaPen SAVVIO®	none available <i>(HumaPen LUXURA® HD discontinued)</i>	Basaglar®	Eli Lilly 1-888-545-5972
		Humalog®	
		Humalog® Mix 25	
		Humalog® Mix 50	
		Humulin® 30/70	
		Humulin® N	
Humulin® R			

* NovoPen® 5 is available at an additional charge.

**Available through the manufacturer only.

Formulary and listing updates

Limited Coverage benefit: pdp-amlodipine

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

Drug name	pdp-amlodipine oral solution		
Date effective	February 28, 2023		
Indication	hypertension – for patients with an inability to swallow oral amlodipine tablet due to age or disability		
DIN	02484706	Strength & form	1 mg/mL

Non-benefit: glycopyrrolate for chronic drooling

PharmaCare has decided not to cover the following drug for the noted indication.

Drug name	glycopyrrolate (Cuvposa®)
Date effective	February 28, 2023
Indication	chronic severe drooling

Non-benefit: tretinoin microsphere

PharmaCare has decided not to cover the following drug for the noted indication.

Drug name	Tretinoin microsphere 0.04% (Retin-A-Micro®)
Date effective	March 7, 2023
Indication	acne vulgaris

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 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. We are accepting input on the following drugs until March 21, 2023:

DRUG	INDICATION
risankizumab (Skyrizi®)	Crohn's disease in adults
ravulizumab (Ultomiris®)	AChR antibody-positive generalized myasthenia gravis (gMG) in adults
avacopan (Tavneos®)	antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis, adults
vericiguat (Verquvo®)	heart failure in adults
upadacitinib (Rinvoq®)	ankylosing spondylitis (AS) in adults
palovarotene (Sohonos™)	fibrodysplasia ossificans progressive (FOP) in females 8 yrs+ and males 10 yrs+
selumetinib (Koselugo™)	neurofibromatosis type 1 (NF1) in pediatric patients age 2+

Special Edition newsletter March 10, 2023

Buprenorphine coverage expanded to regular benefit

As of March 14, 2023, PharmaCare is expanding its coverage of buprenorphine XR injection (Sublocade®) from Limited Coverage to regular benefit. This means that a Special Authority request will no longer be required.

Patients with a prescription for buprenorphine XR injection will receive PharmaCare coverage right away, with 100% coverage under Plans B, C, G and W. For people covered by Fair PharmaCare, coverage will depend on whether they have met their deductible and family maximum.

This change is intended to improve access to evidence-supported opioid agonist treatment (OAT) and to improve treatment engagement and retention for patients in substance-use care in B.C.

Resources

- Use the [PharmaCare formulary search tool](#) to check the coverage status of any drug (coverage changes may take a few days to be reflected in the results).
- PharmaCare [OAT PINs and DINs](#)

Luspatercept coverage changes

Also beginning March 14, PharmaCare is adding luspatercept (Reblozyl®) as a Limited Coverage benefit for the indication below. A Special Authority request is required. With Special Authority approval, this drug will be covered under Plans B, C, F, P, W and Fair PharmaCare.

Drug name	luspatercept (Reblozyl®)
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Date effective	March 14, 2023		
Indication	red blood cell transfusion-dependent anemia associated with beta-thalassemia		
DINs	02505541 02505568	Strength & form	25 mg lyophilized powder 75 mg lyophilized powder

Note that PharmaCare has decided NOT to cover luspatercept 25 mg and 75 mg lyophilized powder for the following indication:

- Treating adults who have transfusion-dependent anemia resulting from very low- to intermediate-risk myelodysplastic syndromes (MDS) and who
 - Require at least two units of red blood cells over 8 weeks,
 - Have ring sideroblasts, and
 - Have failed on, or are not suitable for, erythropoietin-based therapy

Resource

- luspatercept ([Reblozyl®](#)) [Limited Coverage criteria](#)

Temporary coverage for methadone 10 mg/mL

Published as a special edition newsletter March 10, 2023

The Ministry has received reports that some pharmacies have not been able to order methadone 10 mg/mL solution due to a temporary delay in product availability. This is impacting continuity of care for patients receiving opioid agonist treatment (OAT). In response, temporary coverage has been made available for non-benefit commercially available products in B.C., using the following OAT PINs.

Jamp Methadone 10 mg/mL (unflavoured, sugar-free) DIN 2495783	PIN
Methadone SF (Jamp) 10 mg/mL - direct interaction	67000021
Methadone SF (Jamp) 10 mg/mL - NO direct interaction	67000022
Methadone SF (Jamp) 10 mg/mL - delivery w/ direct interaction	67000023
Methadone SF (Jamp) 10 mg/mL - delivery w/ NO direct interaction	67000024

Metadol 10 mg/mL DIN 2241377	PIN
Metadol 10 mg/mL liquid methadone - direct interaction	67000009
Metadol 10 mg/mL liquid methadone - NO direct interaction	67000010
Metadol 10 mg/mL liquid methadone - delivery w/ direct interact	67000011

Metadol 10 mg/mL liquid methadone - delivery w/ NO direct interact	67000012
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The following OAT PINs are non-benefits requiring Special Authority and have been granted temporary regular benefit status at this time.

Methadose 10 mg/mL (unflavoured, sugar-free) DIN 2394618	PIN
Methadone SF (Methadose) 10 mg/mL - direct interaction	67000001
Methadone SF (Methadose) 10 mg/mL - NO direct interaction	67000002
Methadone SF (Methadose) 10 mg/mL - delivery w/ direct interact	67000003
Methadone SF (Methadose) 10 mg/mL - delivery w/ NO direct interact	67000004

Pharmacists should make every effort to ensure patients receive commercially available formulations of methadone 10 mg/mL, which may include arranging emergency stock transfers.

Compounding methadone

Compounding of methadone 10 mg/mL is permitted in exceptional circumstances as per the College of Pharmacists of BC's [Methadone Maintenance Treatment Policy Guide \(PDF\)](#), only as a **last resort when all commercial 10 mg/mL methadone oral preparations are unavailable**.

Compounding of methadone for maintenance **must be at the strength of 10 mg/mL** to minimize errors.

Changing methadone preparations for individuals already stabilized on a given formulation should only be made after consultation with the individual and the prescriber.

Additional steps to ensure accurate and safe exceptional compounding of methadone must include, but may not be limited to:

- Digital prescription balance calibration prior to weighing out methadone powder
- Verification and observation of the weight of methadone powder and volume of water by at least 2 separate individuals
- A compounding log, which must include quantity of methadone powder used and quantity prepared (e.g., 1 gram methadone QS to 100 mL distilled water to make a 100 mL stock solution of 10 mg/mL)
- The methadone stock solution must be properly labeled, and if prepared without preservatives, must be discarded after 14 days due to the possibility of bacteria growth
- Prior to dispensing to patients, all compounded methadone for maintenance doses must be mixed with compatible diluent (such as full-strength Tang, Allen's apple juice) to total 100 mL. It is not appropriate to provide compounded methadone 10 mg/mL with plain water as the vehicle

Please refer to the [Methadone Maintenance Treatment Policy Guide \(PDF\)](#) for full details.

In exceptional circumstances where the pharmacy cannot obtain commercially available methadone 10 mg/mL and is able to compound methadone 10 mg/mL, temporary coverage has been made available by the following PINs:

Emergency CMPD methadone 10 mg/mL - direct interaction	67000025
Emergency CMPD methadone 10 mg/mL - NO direct interaction	67000026
Emergency CMPD methadone 10 mg/mL - delivery w/ direct interaction	67000027
Emergency CMPD methadone 10 mg/mL - delivery w/ NO direct interaction	67000028

PharmaCare will reimburse \$0.3552/mL for compounded methadone 10 mg/mL. Claim quantity must be submitted as total millilitres (mL). See the [PharmaCare OAT PINs and DINs](#) for further claim submission requirements.

For pharmacies currently receiving compounded methadone 10 mg/mL from the Product Distribution Centre (PDC), no changes are necessary, as the PDC will continue supplying compounded methadone 10 mg/mL. These pharmacies are to continue submitting claims under the same PINs as before.

Fully covered contraceptives for B.C. residents beginning April 1

As unveiled in [BC Budget 2023](#) last month, many contraceptives will be fully covered for B.C. residents starting April 1, 2023.

Eligible products will be 100% covered for people with active MSP coverage (i.e., not in the MSP wait period) under Plan Z. People are advised to present their BC Services Card along with their prescription to benefit from these changes.

Covered products will include oral contraceptives, hormonal intrauterine devices (IUDs), copper IUDs, an implant, an injection and emergency oral contraceptives. Copper IUDs and select other products will be added to the PharmaCare formulary on April 1.

A prescription is not required for emergency oral contraceptives for them to be covered, but pharmacists must enter them in PharmaNet. Rings and patches will remain covered under Plan W.

Several brand-name products are covered only up to the price of the generic equivalent. The best way to ensure accurate and up-to-date coverage information is to use [PharmaCare's formulary search tool](#). Pharmacists and prescribers will be encouraged to:

- Prescribe fully covered contraceptives
- Help patients transition to a fully [covered product](#) if they are taking or have a prescription for a non-benefit contraceptive or a brand-name version that's not fully covered

Pharmacists can expect to see more prescriptions for IUDs and implants once these changes come into effect. These need to be dispensed in a pharmacy to be covered (i.e., entered in PharmaNet). It is also expected that

many people will switch from the pill to IUDs. According to one estimate, IUD prescriptions may increase by more than 25% in the first two years.

People may also request a larger supply—up to the maximum days' supply—of oral contraceptives once they are fully covered. Some people, such as those facing barriers accessing a pharmacy, may even request multiple doses of emergency oral contraceptives. Maximum days' supply amounts are available in PharmaNet. Pharmacies may want to consider ordering additional stock.

Providing universal access to fully covered contraceptives will represent a significant new cost to PharmaCare. However, a 2018 study by the Canadian Contraception and Abortion Research Team (CART) forecast that, within three years, new upfront costs will be offset by reduced demand for reproductive health care, such as pregnancy and birth services, which are currently covered by PharmaCare, MSP and health authorities.

More details will be provided soon in the PharmaCare Newsletter and on the new web page, [Prescription contraceptives – information for health professionals](#). Current coverage for contraceptives is explained on the web page, [Prescription contraceptives covered by PharmaCare](#) (this will also be updated on April 1).

Resources

- [Prescription contraceptives – information for health professionals](#) (new)
- [Contraceptives covered by PharmaCare](#) (watch for updates on April 1)

Paxlovid follow-up fee ends

The Paxlovid follow-up fee (PAX-F) will end on March 31, 2023. PAX-F was introduced as a temporary \$15 fee in [February 2022](#) that pharmacists could claim for following up with patients who had received COVID-19 treatment with nirmatrelvir-ritonavir (Paxlovid). In [June 2022](#), PharmaCare introduced a temporary \$30 fee (PAX-A) that pharmacists could claim for assessing a patient who was starting Paxlovid treatment, and we increased the PAX-F fee to \$25.

The information collected by B.C. pharmacists through the PAX-F initiative played an important role in Paxlovid pharmacovigilance and monitoring. The data collected is now sufficient for evaluation purposes, and results will be reported in the future.

Data collected through pharmacist Paxlovid follow-ups informed the February 13, 2023, [Therapeutics Initiative \(TI\) letter](#), which addresses Paxlovid safety and efficacy. Approximately 60% of patients who were prescribed Paxlovid had a supply of a drug that interacts with Paxlovid—highlighting the importance of pharmacist clinical assessments.

PharmaCare is continuing the PAX-A fee until the end of 2023. Watch for advance notice in future PharmaCare Newsletters about the end of PAX-A.

Resources

- [February 2022 PharmaCare newsletter \(PDF\)](#)
- [June 2022 PharmaCare newsletter \(PDF\)](#)
- [Therapeutics Initiative \(TI\)](#)

- [TI newsletter](#)



Did you
know?

We've published 191 PharmaCare Newsletters since [January 2009](#)! And from 2009 to 2013, we published regular PharmaNet Bulletins, too. Visit the [newsletter archives](#) to catch up on PharmaCare news from the past 15 years.