

BC PHARMACARE NEWSLETTER

Edition 24-003: March 2024

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Q: What is the role for orlistat (Xenical®) given the emergence of newer medications for weight loss in adults?

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



Circulating public Paxlovid™ supply

Pharmacies are asked to support patient access to public Paxlovid supply across B.C.'s urban and remote areas as the federal government winds down its Paxlovid procurement program. Pharmacists are encouraged to order only what is needed, help people find supply if they are out of stock (i.e., at a neighbouring pharmacy), and dispense the earliest expiry dates first (regardless of renal and full dose). Pharmacies in rural communities should make sure they have adequate stock at all times to avoid treatment delays.

In the meantime, BC PharmaCare continues to work on listing commercial supply before the federal stock expires.

Paxlovid, an oral antiviral drug combination approved by Health Canada for the treatment of mild-to-moderate COVID-19, should be used only in those at high risk for progression to serious illness resulting in hospitalizations or death. Most B.C. residents have acquired immunity to COVID-19 through vaccinations and prior infections, with population hospitalization and fatality rates consistently below 0.3 percent and 0.1 percent respectively, according to a BCCDC study.

A Therapeutics Initiative [study of 6866 B.C. residents treated by Paxlovid during Omicron](#) found that Paxlovid reduced the risk of hospitalization or death due to COVID-19 in patients who are immunosuppressed. However, lower-risk patients including people aged 70 years or older without serious comorbidities were not likely to benefit from treatment.

Treatment decisions should also consider safety risks, as Paxlovid is known to interact with many medications and is associated with adverse effects. See [clinical guidance](#) developed by the BC COVID-19 Therapeutics Committee for more information.

Resources

- [Therapeutics Initiative | Nirmatrelvir-Ritonavir and COVID-19 Mortality and Hospitalization Among Patients With Vulnerability to COVID-19 Complications \(ubc.ca\)](#)
- [Therapeutics Initiative Letter: Paxlovid in British Columbia – Interim real-world analysis](#)
- [March 2024 PharmaCare Newsletter - Update on Paxlovid federal supply and expiry dates](#)
- The BC Pharmacy Association is tracking pharmacy stock across the province. Visit [Paxlovid™ in Pharmacies - List View](#) if you need to locate stock for a patient

Provincial Prescription Management program

In the coming months, your pharmacy software will be updated to a new version that supports Provincial Prescription Management (PPM), through a series of new PharmaNet transactions that interact with the prescription information tables in PharmaNet. You may have heard these transactions referred to as “v70 transactions” or “TRX transactions.”

Once a pharmacy transitions to the PPM version of its software, its pharmacists and other authorized staff will enter prescription information in PharmaNet when a patient presents with a prescription or a refill. Some pharmacy software may perform this function automatically, but pharmacists should be aware that prescription information is being populated in PharmaNet. (Previously, prescription information stayed in the local/store system.)

Over the next year, most active prescriptions in B.C. will be recorded in PharmaNet as all community pharmacies transition to the v70 versions of their software. Dispenses will be linked to prescription records, providing a more complete picture of prescription history.

Once nearly all community pharmacies have transitioned to the new software, other health information systems, such as EMR (electronic medical record) systems in physician or nurse practitioner offices, will be able to record prescription information in PharmaNet. This is how electronic prescribing (e-prescribing) will be implemented in B.C.

Prescription transfers will no longer be necessary once pharmacies have transitioned. However, during the transition period, if a patient asks for a prescription refill at a pharmacy that has not yet transitioned to the new software, the pharmacy that last filled the prescription will need to transfer the prescription. If both pharmacies have transitioned to v70 software, no prescription transfer is necessary (and the prescription information will include a history showing which pharmacies have dispensed the prescription and when).

If you would like more information about when your pharmacy can or will transition to its v70 software, please talk to your pharmacy manager or software vendor. The Ministry of Health will be producing guides to help pharmacies and pharmacists with the transition, in addition to any documentation produced by the pharmacy software vendors. Watch for details and links in future editions of the PharmaCare Newsletter.

SPAN/BC pharmacy connections to be discontinued

SPAN/BC has provided pharmacy network connectivity since 1996 for pharmacies in areas not served by reliable internet service providers (ISPs). SPAN/BC is owned and operated by the provincial government, and pharmacy use is restricted to connecting to PharmaNet. As all areas of the province are now adequately served by commercial ISPs, and most (if not all) pharmacies use commercial ISPs for connectivity generally, the use of SPAN/BC for PharmaNet access will be discontinued.

The exact date of service discontinuation has not been determined yet, but all pharmacies with SPAN/BC connections for PharmaNet should plan to transition their PharmaNet connection software to use their commercial ISP over the next few months. It may be convenient for pharmacies to transition their PharmaNet

connection software at the same time they upgrade their software to the PPM versions. Pharmacies should consult with their software vendor to determine appropriate timing.

PharmaNet software correction and claim adjustments

On February 8, 2024, a change made to PharmaNet to apply future Special Authority quantity limits was incorrectly returning this response when claims were submitted: “KF – Authorization quantity maximum exceeded.” In fact, the full quantity was accepted. In half of cases, the claim was underpaid by one cent. PharmaCare will pay adjustments by March 18, 2024. The change to PharmaNet was reversed on February 15.

Reminder: Practitioner ID code (M9) added to PharmaNet for certified physician assistants

Effective March 15, 2024, the College of Physicians and Surgeons of BC will begin registering physician assistants to work under the direction and supervision of physicians in emergency departments in B.C. Certified physician assistants will be permitted to prescribe. Pharmacies can expect prescriptions written by certified physician assistants.

The new PharmaNet practitioner reference ID for certified physician assistants is M9. Pharmacists must enter the prescriber’s 5-digit practitioner ID, last name, and enter or select the new practitioner reference ID (M9) for transactions to adjudicate correctly.

If your pharmacy management software does not include the reference ID for physician assistants (i.e., M9), please contact your software vendor.

Reminder: Confirming prescriber details in PharmaNet

The Ministry of Health has received reports of pharmacies providing patients with personal contact information for practitioners, such as address or personal cellphone number. When these practitioners contacted the pharmacy, they were told the details came from PharmaNet, but we have confirmed this was not the case.

Prescriber colleges upload contact information to PharmaNet that was provided by their registrants. Please use the TIP (practitioner information lookup) transaction in PharmaNet to confirm prescriber details, and do not print out or otherwise provide it to patients.

Reminder: PharmaNet patient profile requests

Patients aged 12 and older can request a copy of their PharmaNet patient profile, going back 14 months, at a community pharmacy. They can also request a copy of their profile from the Ministry of Health or in [Health Gateway](#), going back as far as September 1, 1995. This service is free of charge.

If a person makes this request at a pharmacy:

1. Identify them using primary and/or secondary ID, including valid, government-issued photo ID.

2. Confirm the patient's address is correct in PharmaNet and update the address if needed. This will ensure the record is mailed to the correct location.
3. Process the request through your local pharmacy system using a TPM transaction (profile mailing request) according to your software vendor's instructions.
4. The Ministry of Health receives the request, prints the PharmaNet patient record and mails the record directly to the patient.

If you submit a profile request in error, please call the PharmaNet profiles team at 1-855-952-1432 to cancel the request.

Before processing a profile request, you may want to tell your client that they can download their PharmaNet patient profile more quickly in [Health Gateway](#) at www.healthgateway.gov.bc.ca.

Resources

- [Health Gateway](#)
- [PharmaNet for practitioners](#)

Electronic signatures on MACS form

Effective March 5, 2024, PharmaCare accepts electronic (digital) pharmacist signatures on the [Minor Ailments and Contraception Services \(MACS\) form \(PDF, 219KB\)](#), provided the conditions below are met. This policy does not override any existing requirements set out by the College of Pharmacists of BC.

- The pharmacist who provided the service must be the one who electronically signs the form
- The electronic signature must be automatically generated by the pharmacy software and be immutable once created; it cannot, for example, be a copy-pasted image of a wet signature
- The system-generated electronic signature must include the pharmacist's full name; their CPBC licence number; and the date and time the signature is generated / applied
- Pharmacies must meet the recordkeeping standards outlined in [10.1 Audit Policies](#)

The Ministry expects to add more forms that can be signed electronically in the coming months. Note that the MACS form is also a template; this policy applies to any version of the MACS form.

Continued coverage for patients in PRDTP

The Ministry of Health is reassuring all patients enrolled in the Provincial Retinal Diseases Treatment Program (PRDTP) that they will continue to receive coverage for eligible medications – bevacizumab (Avastin®), ranibizumab (Lucentis®), and aflibercept (Eylea®) – at no charge to them. Some retinal specialists indicated to patients that they will be responsible for drug and related fees as of April 1, 2024, due to changes to the program.

While there will be some changes to how the program is managed, given that the retinal specialists gave their notification of withdrawal from participation effective March 31, 2024, the Ministry of Health will continue to cover the medications currently available. Visit [Provincial Retinal Diseases Treatment Program](#) to learn more.

Resources

- [Provincial Retinal Diseases Treatment Program – PHSA](#)

Update on Paxlovid federal supply and expiry dates

As of March 31, 2024, the federal government will no longer be providing new supply of nirmatrelvir/ritonavir (Paxlovid™), a treatment for mild to moderate COVID-19 in patients at high risk for progression to severe COVID-19. The federally procured supply in B.C. will be expiring soon. Ongoing funding for Paxlovid is being evaluated by BC PharmaCare.

Expiry dates

Most of the existing federal supply will expire before or on March 31, 2024, except for some lots of the renal impairment dose pack, which will expire on May 31, 2024. Refer to [Pfizer shelf-life correction – June 14, 2023 \(PDF, 62KB\)](#) for the dose pack lot numbers with expiry dates.

B.C. pharmacies can continue to order Paxlovid through their regular suppliers, and federal supply will be provided until it runs out or expires.

Dispensing instructions to manage supply

We suggest pharmacists dispense their Paxlovid supply with the earliest expiry dates first regardless of full dose or renal impairment dosing, and adjust the instructions and tablets as necessary to extend the available supply. Adjust counselling as necessary.

The Health Canada approved dosage of Paxlovid is as follows:

Patients requiring the full dose (i.e., not requiring a renal impairment dose adjustment):

- 300 mg nirmatrelvir (two 150 mg pink tablets) and 100 mg ritonavir (one 100 mg white tablet) twice daily for 5 days. All three tablets are taken together per dose

Patients requiring the renal impairment dose adjustment:

- 150 mg of nirmatrelvir (one 150 mg pink tablet) and 100 mg ritonavir (one 100 mg white tablet) twice daily for 5 days. Two tablets are taken together per dose

If using the full dose packaging (DIN: 02524031) in patients requiring the renal impairment dose adjustment:

- Remove 1 nirmatrelvir 150 mg (pink tablet) from both the morning and evening dose of each daily card and discard the extra nirmatrelvir tablets

If using the renal impairment dose packaging (DIN: 02527804) in a patient requiring the full dose:

- Dispense 2 renal impairment dose packages. From 1 package, remove 1 ritonavir 100 mg (white tablet) from both the morning and evening dose of each daily card and discard the extra ritonavir tablets

Disposal of expired product

Pharmacies should dispose of expired federal supply as they would normally dispose of medications in their pharmacy, usually through a medication disposal bin. Do not return expired product to the distributor.

Additional information

In the future, Paxlovid will be available through your normal distribution channels. Paxlovid is currently under review for PharmaCare coverage. Coverage decisions will be published in a future PharmaCare Newsletter. Be sure to subscribe to be notified of new editions.

B.C. residents have developed strong immunity to COVID-19 through widespread vaccinations and previous infections, which have increased since Paxlovid became available in January of 2022. As such, Paxlovid is unnecessary for most people living in B.C. – the drug is only beneficial to groups considered at higher risk of progressing to serious illness.

Visit [Paxlovid: Guidance for B.C. pharmacists](#) for additional information regarding Paxlovid.

Resources

- [Pfizer shelf-life correction – June 14, 2023 \(PDF, 62KB\)](#)
- [February 2022 PharmaCare Newsletter \(PDF, 912 KB\)](#)
- [Paxlovid: Guidance for B.C. pharmacists](#)

Therapeutics Letter – DOACs in non-valvular atrial fibrillation

The Therapeutics Initiative recently published a Therapeutics Letter about their meta-analysis of observational studies that investigated the effectiveness and safety of direct oral anticoagulants (DOACs) in non-valvular atrial fibrillation. The letter describes evidence which favours apixaban. Visit [Therapeutics Initiative \[146\] | Apixaban is safer and more effective than rivaroxaban for non-valvular atrial fibrillation](#) to read the letter.

Resources

- [Therapeutics Initiative \[146\] | Apixaban is safer and more effective than rivaroxaban for non-valvular atrial fibrillation](#)

Update 2024 conference for pharmacists

UBC Continuing Pharmacy Professional Development (CPPD) is holding their [Update 2024 Conference | Pharmsci \(ubc.ca\)](#) on April 20, 2024. This accredited one-day virtual conference will feature key topics of interest to practicing pharmacists, including dermatitis in children, tobacco use disorder, and osteoporosis.

Resources

- [Update 2024 Conference | Pharmsci \(ubc.ca\)](#)

Practical Administration of Sublocade Injection course

On February 15, 2024, the British Columbia Centre on Substance Use (BCCSU) in partnership with UBC Continuing Pharmacy Professional Development (CPPD) released [Practical Administration of Sublocade Injection](#), a free, accredited course to support the practical administration of extended-release buprenorphine for all providers.

The course provides a brief introduction to product storage, a step-by-step guide to subcutaneous injection, and patient-specific considerations.

The course is fully accredited for 0.75 CEUs by UBC CPPD.

Resources

- [Practical Administration of Sublocade Injection – UBC](#)

Plagiocephaly helmet policy update

As of February 27, 2024, the recent policy update pertaining to onsite custom manufacturing of plagiocephaly helmets has been retracted. Refer to [Prosthetic and Orthotic Policy Manual, section 5.7 – Plagiocephaly helmets](#) for policy details.

Resources

- [Prosthetic and Orthotic Policy Manual, section 5.7 – Plagiocephaly helmets](#)

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
December 2023	March 4, 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

- [2023 PharmaCare Provider Payment Schedule \(PDF\)](#)
- [2024 PharmaCare Provider Payment Schedule \(PDF\)](#)

Reminder: RAT kit expiry dates

Health Canada has extended some COVID-19 rapid antigen test (RAT) kit expiry dates. The expiry date, printed YYYY-MM-DD, on the labelling may be impacted by extensions after the products have been distributed. **BTNX** packaging reflects the updated expiration date.

Please let users know that they can add **6 months** to the expiration date shown on **Artron** RAT kits.



For other expiry date information, refer to the [BC Centre for Disease Control COVID-19 website](#).

Expired tests that have not had their expiry date officially extended by Health Canada should not be used past their expiry date and may be disposed of in regular waste.

Resources

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

Formulary and listing updates

Limited Coverage benefits: icosapent ethyl (Vascepa®), finerenone (Kerendia®)

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

Drug name	icosapent ethyl (Vascepa®)		
Date effective	February 6, 2024		
Indication	For reducing the risk of cardiovascular events (cardiovascular death, non-fatal myocardial infarction, non-fatal stroke, coronary revascularization, or hospitalization for unstable angina) in statin-treated patients with elevated triglycerides, who are at high risk of cardiovascular events due to established cardiovascular disease (i.e., secondary prevention).		
DIN	02495244	Strength & form	1 gm capsule

Drug name	<u>finerenone (Kerendia®)</u>		
Date effective	February 27, 2024		
Indication	As an adjunct to standard of care therapy in adult patients with chronic kidney disease (CKD) and type 2 diabetes (T2D) to reduce the risk of end-stage kidney disease (ESKD) and a sustained decrease in estimated glomerular filtration rate (eGFR), and cardiovascular (CV) death, non-fatal myocardial infarction and hospitalization for heart failure.		
DIN	02531917 02531925	Strength & form	10 mg tablet 20 mg tablet

Limited Coverage benefits update: semaglutide (Ozempic®)

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

Drug name	<u>semaglutide (Ozempic®)</u>		
Date effective	February 6, 2024		
Indication	For the treatment of type 2 diabetes.		
PIN	02540258	Strength & form	0.68 mg/mL (2 mg pen)

Non-benefit: avacopan (Tavneos™)

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

Drug name	<u>avacopan (Tavneos™)</u>		
Date effective	February 27, 2024		
Indication	For the adjunctive treatment of adult patients with severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA]) in combination with standard background therapy including glucocorticoids.		
DIN	02526662	Strength & form	10 mg capsule

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.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
bimekizumab (Bimzelx [®])	Active ankylosing spondylitis (AS) in adults	February 28 to March 26 at 11:59 pm
bimekizumab (Bimzelx [®])	Active psoriatic arthritis (PsA) in adults	February 28 to March 26 at 11:59 pm
glecaprevir-pibrentasvir (Maviret [®])	Chronic hepatitis C virus (HCV) infection in pediatric patients 3 years of age and older	February 28 to March 26 at 11:59 pm
risperidone (TBC)	Schizophrenia in adults	February 28 to March 26 at 11:59 pm
lebrikizumab (TBC)	Moderate-to-severe atopic dermatitis in adult and adolescent patients 12 years of age and older	February 28 to March 26 at 11:59 pm



Did you know?

Provincial Academic Detailing (PAD), which offers continuing education to pharmacists and other health professionals, was launched in 2008. Visit [About PAD service](#) to learn more about PAD. Read [PharmaCare Trends 2021-22 \(PDF, 865KB\)](#) for more PharmaCare facts.