

BC PHARMACARE NEWSLETTER

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The PharmaCare Newsletter team works from the territory of the Lekwungen peoples, including the Songhees and Esquimalt Nations. Our gratitude extends to them, and all the Indigenous peoples on whose territories and lands we build relationships.

The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood 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.

www.gov.bc.ca/pharmacarepharmacists
www.gov.bc.ca/pharmacareprescribers
www.gov.bc.ca/pharmacaredeviceproviders



Q: Can thiazides be continued in patients with chronic kidney disease when eGFR progresses below 30 mL/min/1.73m?

HINT: The answer is in the April 2022 edition of [PAD Refills](#). Don't forget to subscribe!

Medication Review Services 2.0

The B.C. Ministry of Health is seeking to rebuild PharmaCare medication review services into MRS 2.0. The transformation will occur in multiple phases, with Phase One focusing on developing high-impact services that target areas of unmet needs, in alignment with both the [Pharmaceutical Care Management Strategy](#) and the Ministry Service Plan.

Phase One target services will be:

1. Deprescribing in patients aged 65 and older
2. Pain management and opioid stewardship

To inform MRS 2.0, the Ministry will establish two separate advisory committees, one for each clinical area. Each advisory committee will include practicing community pharmacists and subject matter experts across various disciplines. The committees will play an important role in developing the following:

- Evidence-based clinical tools and protocols
- A new service model that improves patient experience, provider experience, patient health outcomes, and cost-effectiveness
- A new workflow that supports interprofessional collaboration
- A new reimbursement framework that transitions the existing service to the new MRS 2.0
- Performance metrics for ongoing monitoring, and
- An evaluation plan

If you are interested in becoming a member of one of the two advisory committees, [please apply](#).

All community pharmacists are also invited to fill out the [MRS 2.0 Pharmacy Survey](#) about the existing medication review services and a desired future state. Feedback will be incorporated into the service redesign.

Complete the MRS survey!

For more information on MRS 2.0, please visit [the web page](#).

7,000 College of Pharmacists registrants enrolled in PRIME by deadline; unauthorized users must take action

The Ministry of Health thanks the 7,000 pharmacists and pharmacy technicians—and pharmacy assistants—who enrolled for access to PharmaNet by the April 30, 2022 deadline. Your enrolment protects B.C. patient and practitioner information.

The Ministry has begun removing access to PharmaNet from PharmaNet users who have not been granted access by the Ministry of Health.

By enrolling in PRIME (submitting paper enrolment in rare cases), you request Ministry approval to access PharmaNet. Pharmacists, pharmacy technicians and pharmacy assistants needing access to PharmaNet were required to enrol by April 30, 2022.

If you don't obtain approval from the Ministry of Health, your access or access on your behalf to PharmaNet violates the [Information Management Regulation](#) and the [Pharmaceutical Services Act](#).

Please be advised that the Ministry of Health will terminate access to PharmaNet without further notice for those individuals that have failed to enrol.

If your access has been terminated:

- Submit a new enrolment in PRIME. If you **can't** get a BC Services Card app, contact PRIMESupport@gov.bc.ca
- **You must not** access PharmaNet until your enrolment is approved by the Ministry of Health

Coverage extension of Humalog and NovoRapid for patients using certain insulin pumps

The Biosimilars Initiative is extending coverage for 6 months (up to November 30, 2022) for people currently using originator rapid-acting insulins (RAIs) insulin aspart (NovoRapid®) and insulin lispro (Humalog®) **with certain insulin pumps**. The extension to November 30, 2022 is automatic. It does not require an additional Special Authority request.

These patients do not have to [switch to biosimilar RAIs by May 29, 2022](#) to maintain coverage.

At present, several insulin pumps are not approved by Health Canada to be compatible with listed insulin aspart biosimilar Trurapi® and insulin lispro biosimilar Admelog®. PharmaCare believed solutions would be in place by the end of the current transition period (May 29, 2022). Discussions with Health Canada have determined that more time is needed.

The Omnipod pump has been approved for compatibility with Admelog, which is a regular benefit.

Medtronic and Ypsomed insulin pump approvals going forward will automatically have a 6-month extension of coverage for NovoRapid and Humalog.

If a pump is approved for use with a biosimilar before or after November 30, 2022, our coverage policy may change, with advance notice in the PharmaCare Newsletter.

Our [web page for patients](#) will be updated with information about this extension.

Biosimilars Initiative reminder: End of switch from Humalog® and NovoRapid® for most patients

For most people, the period to switch from Humalog and NovoRapid to PharmaCare-covered biosimilars will end on May 29, 2022.

The switch period started on November 30, 2021 for PharmaCare patients taking insulin lispro (Humalog) and insulin aspart (NovoRapid) to treat type 1 and type 2 diabetes. During the switch period, the originator remained covered only for existing patients. Effective May 30, 2022, PharmaCare will only cover the biosimilar versions (Admelog® and Trurapi®), [except for people using them with certain insulin pumps](#).

Cost-savings from this initiative allowed PharmaCare to change its pricing policy for all listed RAIs to retail pricing. This means that patients will be fully covered for RAIs (subject to any deductible or family maximum) and will no longer have unexpected out-of-pocket costs.

As a reminder, both a pharmacist and prescriber fee are available until May 29, 2022 for clinicians supporting patients in this transition.

Thank you to patients, clinicians and other healthcare partners who continue to work with BC PharmaCare on our Biosimilars Initiative.

- See [Biosimilars Initiative for health professionals](#)

Notice: Return of signature requirements for smoking cessation and Frequent Dispensing Authorization forms

On April 17, 2020, PharmaCare suspended the requirements for patient signatures on the Frequent Dispensing Authorization (FDA) and smoking cessation forms in order to minimize in-person interactions during the COVID-19 crisis ([Edition 20-007](#)). Pharmacists were also encouraged to have patients sign the forms when feasible.

PharmaCare is now giving community pharmacy providers notice that the temporary signature suspension will be rescinded, and effective July 1, 2022, pharmacists and providers will be required to obtain signatures from all patients on smoking cessation and FDA forms.

Pharmacies must obtain the patient signature in order for the forms to be valid from July 1, 2022 onwards. Non-compliant claims will be subject to recovery by PharmaCare Audit. Forms submitted prior to July 1 will still be effective for one year, providing “COVID” is marked in the signature box and the form is retained with proof of facsimile transmission to the prescriber.

Opioid agonist prescriptions – Reminder regarding signature requirements and witness logs

Ministerial Order No. M212 temporarily waived subsections of the Provider Regulation (“additional records to be kept by pharmacy providers”) to prevent the spread of COVID-19, with the effect that original opioid agonist prescriptions do not need to be signed by the beneficiary and patients do not need to sign an accountability log, as long as the order is in effect.

As the declaration of the COVID-19 public health emergency may end without prior notice to pharmacies, PharmaCare recommends pharmacies begin to reintegrate patient signatures into witness logs and opioid prescriptions.

M212 will end on the date the Provincial Health Officer ends the declared state of a public health emergency for COVID-19, unless the Minister rescinds earlier.

Inform clients that private insurers require Fair PharmaCare registration—not PharmaCare

Private insurers may require their beneficiaries to be registered for Fair PharmaCare to provide further coverage. When letting people know of a private insurer's requirement to register for Fair PharmaCare, please let them know that it is the private insurer's requirement, and not PharmaCare's. There is no PharmaCare requirement for individuals to register for Fair PharmaCare; it is always optional.

The PharmaCare Help Desk frequently hears from people who believe that PharmaCare is requiring them to register and interfering with their private health plan coverage, which can be stressful for the individual for many reasons.

Pharmacists are key to informing B.C. residents when a private insurer requires them to register in Fair PharmaCare. Thank you for helping inform your patients about Fair PharmaCare.

Special Authority: Update on turnaround times

The Special Authority team would like to thank prescribers, pharmacists, patients, and healthcare partners for their patience with recent turnaround times for regular requests. We are pleased to inform you that the turnaround time for regular medication requests is now under 4 weeks (down from 14 weeks at the height of the backlog), and urgent requests remain one business day. New digital tools are expected to reduce wait times further. It is anticipated that turnaround times for regular requests will soon return to the expected two-week timeline.

A reminder to health care providers, patients can track the status of their SA request in [Health Gateway](#).

Rapid Antigen Test Kits – New product and PharmaNet PIN

Artron RAT kit cases

Community pharmacies will soon receive cases of the Artron Rapid Response® COVID-19 antigen test (RAT) kits for distribution in place of the BTNX RAT kits. Pharmacies are to distribute remaining supplies of BTNX RAT kits before distributing the Artron kits.

There are usually 115 Artron kits per case, but the amount can range between 91 to 140 kits. As with BTNX RAT kits, pharmacies will be paid \$75.00 per case distributed, regardless of the number of kits in a case.

PharmaCare has created the new non-benefit **PIN 66128338** for a case of Artron RAT kits. As with BTNX RAT kits, pharmacies will use their office use medication PHN (O-MED) to submit the claim.

PharmaCare will calculate and pay the total monthly fees owed to each pharmacy at the rate of \$75.00 per case recorded with the PIN. These payments will appear on the Pharmacy Remittance Advice Form under the Adjustment Code "7 – Manual Payment."

Eligibility

People aged 18 and older can pick up a RAT kit. They do not need to show their Personal Health Number, and pharmacies are not required to record patient details. People can also pick up kits for family members or another person.

RAT kits must be provided free of charge.

Instruction sheet

Artron RAT kits have a different instruction sheet than the BTNX RAT kits. Pharmacies must include the BC Centre for Disease Control (BCCDC) instruction sheet with every kit they provide or share the QR code with those who want to read the instructions online. The [instruction sheet \(PDF\)](#) can be printed from the BCCDC website in different languages. Consider posting the QR code in an available spot and printing the instruction sheet in the languages most commonly spoken in your community.

PharmaNet instructions

1. Enter PIN for Artron RAT case: 66128338.
2. Enter pharmacy's O-MED PHN as the patient.
3. Enter Quantity as the number of cases. Do NOT enter quantity as number of kits. Payment of claims will be monitored to ensure case numbers are entered.
4. The claim will adjudicate as a non-benefit and will be paid monthly.

Resources

- [Instruction sheet \(English\)](#)
- [Instruction sheet \(multiple languages\)](#)

Reminders

Two ways to access Paxlovid

This is a reminder that there are [two ways](#) for patients to access nirmatrelvir/ritonavir (Paxlovid™) to treat developing COVID-19 symptoms.

Option 1: The patient should talk to their family doctor, nurse practitioner, or specialist about treatment options. If the patient can't get an appointment within 3 days of developing symptoms, pharmacists can refer them to Option 2.

Option 2: The patient completes an online self-assessment questionnaire and may be instructed to call Service BC at 1-888-COVID-19 (7:30 am to 8 pm). An agent will screen the patient for eligibility, and forward the request to the medical team who will determine if a prescription is needed.

Regular benefits

Effective April 19, 2022, medroxyprogesterone acetate (Depo-Provera®) is covered as a PharmaCare regular benefit:

Drug name	medroxyprogesterone acetate (Depo-Provera®)		
Date effective	April 19, 2022		
Indication	prevention of pregnancy and treatment of endometriosis		
DIN	2523493	Strength and form	150 mg/mL pre-filled syringe
Covered under Plans	Fair PharmaCare, B, C, F, W		

Limited coverage benefits

As of April 12, 2022, limited coverage for Entyvio® has expanded to include the following products:

Drug name	vedolizumab (Entyvio®)		
Date effective	April 12, 2022		
Indication	Crohn's disease, ulcerative colitis		
DIN	02497867	Strength and form	108 mg/0.68 mL single-use pre-filled pen
	02497875		108 mg/0.68 mL single-use pre-filled syringe
Covered under Plans	Fair PharmaCare, B, C, F, W		

Non-benefits

As of April 19, 2022, PharmaCare has determined the product below will not be covered for plaque psoriasis:

Drug name	halobetasol propionate and tazarotene (Duobrii™)
Date effective	April 19, 2022
DIN	02499967

As of April 26, 2022, PharmaCare has determined the product below will not be covered for weight loss:

Drug name	liraglutide (Saxenda®)
Date effective	April 26, 2022
DINs	02437899

Your Voice: Patient input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups are integral to [B.C.'s drug review process](#).

The Ministry depends on pharmacies and practitioners to help connect patients and their caregivers with opportunities to give input. If you have a patient currently taking one of the drugs under review or who has the condition the new drug treats, please encourage them to visit <http://www.gov.bc.ca/BCyourvoice>.

Currently input is needed for the following:

DRUG	pegvaliase (TBC)
INDICATION	phenylketonuria (PKU)
INPUT WINDOW	April 27, 2022 to May 25, 2022

DRUG	ozanimod (TBC)
INDICATION	ulcerative colitis (UC)
INPUT WINDOW	April 27, 2022 to May 25, 2022



Did you know?

In 2020-2021, PharmaCare paid \$13.49 million in vaccination fees. A jump from \$8.55 million the previous year, likely due to COVID-19 vaccinations!

Find more stats like this in [2020/2021 PharmaCare Trends](#).

FNHA Partnership series: Coming Together for Wellness

This article is part of a 10-article series by the Ministry of Health and the First Nations Health Authority (FNHA) to increase awareness of First Nations issues and build cultural humility, and as a result, safety in B.C.'s health system. The series began in the [PharmaCare Newsletter, edition 21-010](#).

Article #7: How can I support Plan W clients?

[Article six](#) highlighted unique characteristics of Plan W. The FNHA works with BC PharmaCare to ensure that Plan W meets the unique health needs of First Nations across the province.

The [In Plain Sight](#) report notes that Indigenous individuals experience racism, different forms of discriminatory treatment, negative interactions with health professionals and poorer quality of care. Some examples are not communicating with or shunning the patient, not believing the patient or minimizing their concerns, and not recognizing and respecting cultural protocols.

Improving health outcomes for Indigenous people requires a shift in knowledge, attitudes, and practices among health professionals. Below are some actions you can take to support Plan W clients:

Knowledge

- Learn about the history and culture of the local First Nations community and Indigenous people in Canada.
- Recognize and appreciate the cultural differences between Indigenous groups. There are over 100 unique First Nations in B.C. each with their own cultural norms. For example, in some Indigenous communities, prolonged eye contact is considered rude—a patient may pay attention to you and your treatment explanation without direct eye contact.

Practice

- Believe patients when they report health care concerns and symptoms. Take time to ask your patient about their medical history and to listen to their story to understand their health care concerns.
- Include the unique perspective of each patient as part of your care decisions. For example, ask about their goals for treatment or their preference for brand or generic medications.
- See patients as capable of taking responsibility for their care. Taking time to explain treatment plans and answering questions and concerns about medications helps patients make informed decisions about their care.
- Learn about [trauma-informed care](#) and how it can support trusting relationships with patients.

The broader health care system is adopting and integrating cultural safety and humility as part of quality care. In [“Racism in Health Care: An Apology to Indigenous People and a Pledge to Be Anti-Racist,”](#) the College of Pharmacists of British Columbia and three other health regulatory colleges set an intention to earn the trust of Indigenous people. Health professionals should identify opportunities for building respectful and lasting relationships with members and health leaders of First Nations communities.

Principles for relationship-building with First Nations communities include:

- Mutual recognition and respect
- Trust
- Recognition of First Nations rights to self-determination
- Commitment
- Transparency

Knowledge into practice in the community

Pharmacists play an important role in a Plan W client’s primary health care team. Patients rely on pharmacists to access quality and appropriate pharmaceutical care. In some rural and remote settings, pharmacists are the first point of contact for medical care, and they directly impact Plan W clients’ health outcomes. Thus, pharmacists are encouraged to support Plan W clients with resolving benefit coverage issues and with navigating the health care system.

When pharmacists encounter an issue with a Plan W claim for an eligible drug benefit, FNHA’s [Transitional Payment Request \(TPR\)](#) enables payment for one fill of a medication. The TPR fills the gap between coverage transition periods; it immediately helps Plan W clients avoid out-of-pocket payment for benefit items while facing plan coverage issues that are expected to be resolved soon.

If you have questions about Plan W coverage and characteristics, please call First Nations Health Benefits at 1-855-550-5454.

>> Next in Coming Together for Wellness: Accessing the First Blood Glucose Test Strips Fill

Suggested reading

- [Racism in Health Care: An Apology to Indigenous People and Pledge to Be Anti-Racist](#)