

BC PHARMACARE NEWSLETTER

Edition 24-005: May 2024

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



Q: What is the evidence for bupropion for ADHD 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!



Pharmacy incentives strictly prohibited

The Ministry of Health is deeply concerned about recent reports that some British Columbia pharmacies are providing cash to people for using their pharmacy, including to receive opioid use disorder treatment.

Offering incentives to beneficiaries to use a pharmacy service – including in relation to dispensing prescriptions and witnessing methadone ingestion – is strictly prohibited. This includes offering money, gifts, discounts, rebates, refunds, customer loyalty schemes, coupons, and goods or rewards. Among other concerns, pharmacy incentives may negatively influence a patient’s treatment choice.

It is an offence under section 51 of the [Pharmaceutical Services Act \(PSA\)](#) to offer an incentive as an inducement for a beneficiary to receive a benefit from a particular provider. A person who commits such an offence is liable on conviction to a fine of up to \$200,000 and/or 6 months imprisonment. Additionally, evidence that a pharmacy is providing incentives may result in administrative fines (up to \$50,000) and cancellation of the pharmacy’s enrolment in PharmaCare.

The Ministry’s special investigations unit and PharmaCare audit teams are conducting investigations or audits in relation to compliance with the Act, which include on-site visits.

All PharmaCare providers must fully comply with the Act and its regulations – including in relation to incentives. If you know or have reason to believe that other pharmacies are not complying with the Act (including by offering incentives), please contact Incentives@gov.bc.ca.

References

- [Pharmaceutical Services Act](#)

Paxlovid™ coverage continues for B.C. residents

As of May 28, 2024, PharmaCare has listed Paxlovid under Plan Z to replace the federal government supply which ended in March 2024. Plan Z (Assurance) will provide full coverage of Paxlovid for BC residents with active Medical Services Plan (MSP) coverage. Exceptional Plan Z coverage (e.g., patients who live outside of BC or Canada) for Paxlovid will no longer be available.

As the federal government supply is no longer provided, pharmacies are to obtain Paxlovid supplies from their wholesaler.

Pharmacists and prescribers are reminded that Paxlovid is only beneficial to patients considered at higher risk of progressing to serious illness, such as those who are severely immunosuppressed.

The Ministry of Health has added prescribing guidance to the [Paxlovid prescription eForm](#) that prescribers are strongly encouraged to use.

DIN	Generic name	Brand name	Dosage form	Maximum PharmaCare covers
02524031	nirmatrelvir/ ritonavir	Paxlovid	150 mg of nirmatrelvir and 100 mg of ritonavir tablets	\$1391.99/package
02527804	nirmatrelvir/ ritonavir	Paxlovid	150 mg of nirmatrelvir and 100 mg of ritonavir tablets	\$1391.99/package

PharmaCare continually reviews its coverage policies for the products it covers. Any change to coverage for Paxlovid, or any other PharmaCare benefit, will be communicated to pharmacists, prescribers and patients in advance.

Resources

- [Paxlovid prescription eForm](#)
- [Paxlovid for B.C. residents](#)
- [Paxlovid - information for health professionals](#)
- [BCCDC: Clinical practice guide and tools for COVID treatments](#)
- [Therapeutics initiative letter: How useful is Paxlovid in 2024?](#)
- [Plan Z \(Assurance\)](#)

Pharmacies can claim vaccinations provided by medical students

PharmaCare will reimburse influenza and COVID-19 vaccinations administered by a B.C. medical student in a community pharmacy.

A student can administer a flu or COVID-19 vaccine if they are:

- In a B.C. Doctor of Medicine (MD) program, i.e. the UBC MD Undergraduate Program (MDUP)
- Have completed the required education to administer vaccinations
- Registered with the College of Physicians and Surgeons of BC (already a requirement of all UBC MDUP students), and
- Supervised by a regulated health professional (e.g., pharmacist) authorized and trained to provide vaccinations

Pharmacies are encouraged to ensure that the appropriate liability insurance is in place.

UBC's policy [Expectations of Medical Students in Supervised Settings \(031\) \(PDF, 187KB\)](#) requires that students working in clinical settings "be identified and identify themselves as medical students". They must:

- Use their CPSBC licence number on all entries into medical records
- Wear clearly visible identification that shows their name and that they are medical students
- Introduce themselves by name, and as "a medical student" to patients and other members of the health care team

Medical students join nursing students, pharmacy students, retired nurses and pharmacy technicians as non-regulated professionals who can administer the COVID-19 and flu vaccines, with in-pharmacy administration reimbursed by PharmaCare, provided they are supervised by a licensed practitioner.

Paying community pharmacies for flu and COVID-19 vaccines administered by medical students addresses the Health Minister's mandate to control the spread of COVID-19 in B.C.; improves access to vaccines in rural and remote communities; supports pharmacies facing labour shortages; and aligns with the Ministry's Health Human Resources strategy goal of developing a more diverse and robust healthcare workforce.

Resources

- [Publicly funded vaccines](#) – PharmaCare policy and procedures
- [UBC's expectations of Medical Students in Supervised Settings \(031\) \(PDF, 187KB\)](#)

What is the Health Human Resources Strategy?

A multi-year strategy launched in 2022 that improves health care for people in B.C. by...



Investing in the healthcare workforce!

- Expanded training opportunities
- Improved recruitment
- Enhanced team care
- Optimizing scope of practice



Since launch, Pharmacists have been empowered to:

- Assess and prescribe for 21 minor ailments and contraception
- Adapt and renew prescriptions for a wider range of drugs and conditions
- Administer a wider range of drugs



Therapeutics Letter – How useful is Paxlovid™ in 2024?

The Therapeutics Initiative recently published a Therapeutics Letter that reviewed the current evidence for Paxlovid™ as a treatment for COVID-19. The Letter includes a plain language summary, which may be shared with patients. Visit [Therapeutics Initiative \[149\]](#) to read the Letter.

Resources

- [Therapeutics initiative \[149\] How useful is Paxlovid in 2024](#)

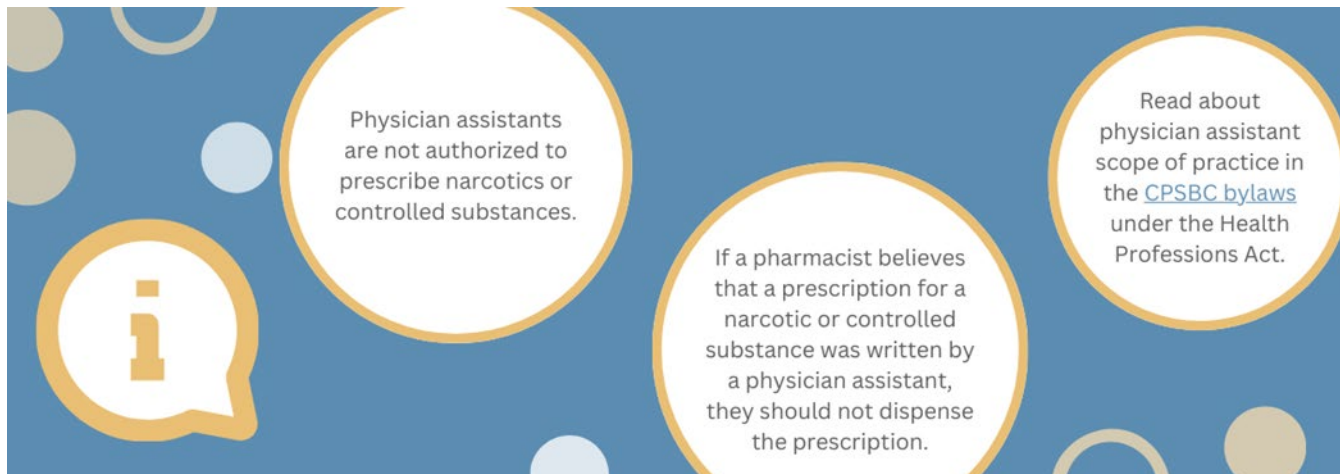
Physician assistants not authorized to prescribe narcotics and controlled substances

Physician assistants (PAs) certified by the College of Physicians and Surgeons of BC (CPSBC) are not authorized to prescribe [narcotics or controlled substances](#). As noted in the [March 2024 PharmaCare Newsletter](#), pharmacists can expect prescriptions written by PAs, who as of March 15, 2024, are being certified to work in emergency departments under physician supervision.

Practitioners are always expected to practise within their licensed scope, but as PAs are new to the B.C. healthcare system, awareness of their scope of practice may be limited. If a pharmacist believes that a prescription for a narcotic or controlled substance was written by a PA (identified in PharmaNet by the practitioner ref ID **M9**), they should not dispense the prescription.

Reminder: The PharmaNet practitioner reference ID for certified PAs 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 PAs (M9), please contact your software vendor.

Read about PA scope of practice in the [CPSBC bylaws](#) under the Health Professions Act.



Resources

- [Controlled Drugs and Substances Act](#)
- [CPSBC bylaws](#)
- [March 2024 PharmaCare Newsletter](#)

Temporary addition in PharmaNet of imported colesevelam 625 mg tablets

Effective April 11, 2024, US-labelled colesevelam 625 mg tablets were temporarily added as a regular benefit in PharmaNet. Pharmacists are to use PIN 09858334 when entering the product into PharmaNet.

Canada has permitted the exceptional, temporary importation and sale of US-authorized colesevelam 625 mg tablets, by Glenmark Pharmaceuticals, and has added this product to the [list of drugs for exceptional importation and sale](#). The importation is to help mitigate the shortage of colesevelam as well as other bile acid sequestrants, cholestyramine and colestipol.

The US-labelled product has the same active ingredient, strength, dosage form, route of administration, product formulation, indications, dosage, and administration instructions as the Canadian-authorized products. The products differ in the non-medicinal ingredients, tablet markings, and storage conditions. The US-labelled product has English-only labels. Refer to [FDA label for colesevelam hydrochloride](#) for details.

The Canadian Pharmacists Association and the Canadian Association of Gastroenterology Health have produced resources – [Managing current drug shortages - Cholestyramine/Colestipol](#) and [Cholestyramine Shortage \(PDF, 163KB\)](#) – to help care providers manage the shortage.

Other important resources are [Drug shortages Canada](#) and [PharmaCare drug shortages](#).

Resources

- [PharmaCare drug shortages](#)
- [Drug shortages Canada](#)
- [Cholestyramine Shortage \(PDF, 163KB\)](#)
- [Managing current drug shortages - Cholestyramine/Colestipol](#)
- [FDA label for colesevelam hydrochloride](#)
- [List of drugs for exceptional importation and sale](#)

New resources for assessing and prescribing for contraception

Since the Minor Ailments and Contraception Service was launched in June 2023, B.C. pharmacists have met with over 49,000 people to support their contraception needs in the first 10 months. Contraception is the second-most requested MACS, after urinary tract infections.

For pharmacists looking for support with contraception assessments, the Canadian Pharmacy Association (CPhA), working with UBC's [Contraception and Abortion Research Team \(CART\)](#), have created a resources toolkit. The CPhA's [Resources for Pharmacists](#) includes tips and tools for patient assessment, discussing options, screening for drug interactions, counselling and documentation. Materials include:

- [Getting Started with Contraception Services \(PDF, 991KB\) – Steps for a successful assessment](#)
 - [Assessment tool \(PDF, 302KB\)](#) – A fillable patient assessment form (PDF)
 - [Important factors to consider \(PDF, 134KB\)](#) – Effectiveness, hormone content, patient privacy
 - [Contraceptive start methods \(PDF, 964KB\)](#) – “Quick start”, “Sunday start”, “first day of period”
- [How to manage side effects from contraception \(PDF, 1MB\)](#) – Supporting patients experiencing acne, hirsutism, weight gain, etc.
- [10 Facts to Know About Emergency Contraception \(PDF, 912KB\)](#)

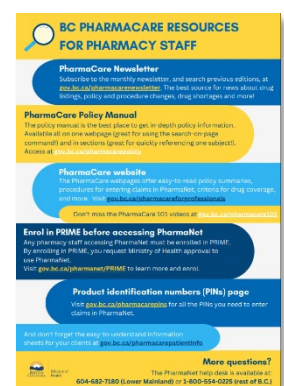
Resources

- [CPhA – Resources for Pharmacists](#)

New! Guide to essential PharmaCare resources for pharmacy staff

The PharmaCare communications team has compiled a guide to essential PharmaCare resources designed to support new pharmacy staff. Visit [BC PharmaCare resources for pharmacy staff \(PDF, 63KB\)](#) to view or download the information sheet. This document contains information on how to:

- Stay up to date with new PharmaCare procedures, policy, coverage during drug shortages, and new listings by subscribing to the PharmaCare Newsletter
- Navigate the PharmaCare Policy Manual
- Access [PharmaCare 101](#), a video series that introduces PharmaCare policies and plans, Special Authority, the formulary search tool, and more
- Enrol in PRIME
- Find PINs and other information to record dispenses



Pharmacy management and owners are encouraged to provide the guide to new hires as part of their training.

Resources

- [BC PharmaCare resources for pharmacy staff \(PDF, 63KB\)](#)

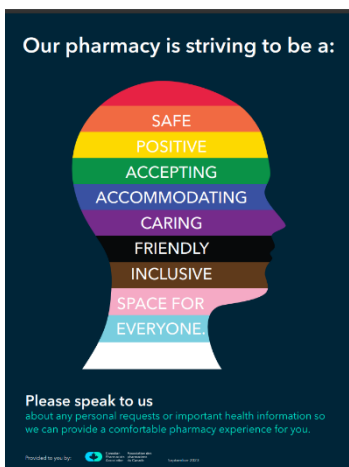
PharmaCare 101 video series updated

[PharmaCare 101](#) is a series of short videos that explain the basics of BC PharmaCare. They were created for students and health professionals, but everyone is welcome to view them. The series was updated in March 2024. [A live follow-up Q&A](#) with a PharmaCare pharmacist is available for small groups, classrooms and staff. This is an excellent opportunity to speak directly with a PharmaCare expert.

Resources

- [PharmaCare 101](#)
- Book a live Q&A: pharmacareinfo@gov.bc.ca

LGBTQA2S+ articles series: MACS visit for contraceptives



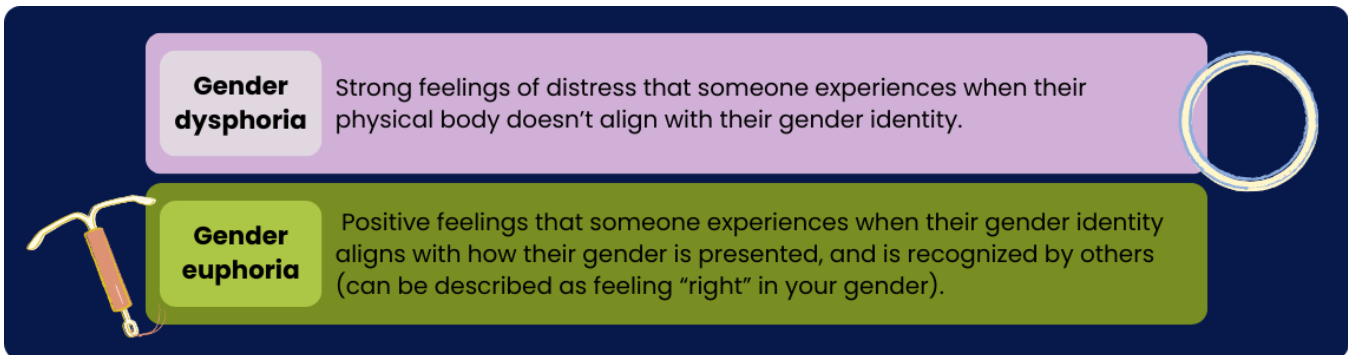
Kai is exploring options for contraception and makes an appointment at his local pharmacy for a Minor Ailments and Contraception Service (MACS). Kai has always felt welcomed at his local pharmacy. Kai is a trans man, and he trusts the pharmacists to provide kind and inclusive care at his appointment.

When Kai arrives for his appointment, his pharmacist Petra meets him at the consultation room. Kai has been going to this pharmacy for about a year now, and he feels comfortable with Petra. As they have worked together before, Petra has noted Kai's pronouns, and the terms Kai prefers to use when talking about his body in Kai's PharmaNet profile.

Petra has made learning about LGBTQA2S+ inclusive care a priority in her continuing education. She recently read a BMJ blog post, based on interviews with seven gender-diverse B.C. residents, about how healthcare professionals can provide more accessible and empowering contraceptive health care for trans, nonbinary and gender-diverse people.

Petra understands how impactful MACS can be for people who have difficulty accessing care and understands the importance of making sure the pharmacy environment is safe for trans, nonbinary and gender-diverse people. She approaches her conversation with Kai in a collaborative way, allowing him to take the lead. "Would you like me to begin by providing some general information about different contraceptives? Or, if you would prefer, I can start by answering any questions about a particular method of contraception, or by addressing any concerns you may have."

Kai explains that he is unsure about which method to choose. He is worried about feeling gender dysphoria. Petra's ability to discuss contraceptives with Kai in the context of gender-affirming care is important to the quality of care she provides. She can recommend methods that will not interact with Kai's hormone therapy medications and options that may reduce the chances of gender dysphoria.



The infographic features two colored boxes on a dark blue background. The top box is purple and contains the text: **Gender dysphoria** Strong feelings of distress that someone experiences when their physical body doesn't align with their gender identity. To the right of this box is a white circle with a blue outline. The bottom box is green and contains the text: **Gender euphoria** Positive feelings that someone experiences when their gender identity aligns with how their gender is presented, and is recognized by others (can be described as feeling "right" in your gender). To the left of this box is a small illustration of a hand holding a yellow and orange tool, possibly a hairbrush or a similar grooming item.

After some discussion, Petra and Kai settle on a hormonal intrauterine device, or IUD. Petra explains that IUDs are very effective at preventing pregnancy, and that it is common for people with IUDs to have reduced uterine bleeding – both factors that support Kai's gender identity by promoting gender euphoria.

Petra writes a prescription for a hormonal IUD that is covered by PharmaCare. She asks Kai if he wants her to dispense it. He does, and Kai pays nothing for the dispense. Petra recommends a local, inclusive sexual health clinic that Kai can visit to have the IUD inserted. Kai feels supported in his choices and thanks Petra for her help.

Recommendations by B.C. gender-diverse residents for contraceptive care

Inclusive language: Using correct pronouns and names, and preferred terms for body parts, improves trust.

Visible displays of allyship: Posting pride flags, posters and pins; adding pronouns to staff name tags with pronouns; and asking clients for their pronouns signal that a patient can safely come out to their pharmacist.

Shared decision-making: Discussing collaboratively all contraceptive options, regardless of patient gender; sharing pros and cons of contraception types; and listening carefully allows pharmacists to best support their clients.

Trauma-informed: Applying trauma-informed approaches regardless of whether patient has disclosed a history of sexual violence, by obtaining consent throughout; asking client if they want to share their coping mechanisms in case of stress; and describing each step of a procedure ("I'm now going to..."). Gender-diverse populations experience sexual violence at a significantly higher rate than cisgender people.

Source: [BMJ Sexual and Reproductive Health blog](#)

Resources

- More reading: [PharmaCare Newsletter November 2023: Patient story – trans male seeking UTI treatment at pharmacy \(MACS\)](#)
- Poster: [Our pharmacy is striving to be](#)
- Canadian Pharmacists Association webinar: [Smashing Stigma: LGBT2SQ+ Engagement in Pharmacy Practice](#)

- BMJ Sexual and Reproductive Health blog: [How can we Offer Better Contraceptive Care for Trans, Nonbinary and Gender-Diverse People?](#) September 25, 2023
 - [Fig. 3: FSRH Guidelines: Contraceptive Choices and Sexual Health for Transgender and Non-Binary People, Krempasky et. Al](#)

Exchange rate update for prosthetic and orthotic components

As of April 18, 2024, PharmaCare's exchange rate has increased from \$1.3205 to \$1.3764.

PharmaCare's price list for P&O components is adjusted periodically, based on changes to the U.S. exchange rate posted by the Bank of Canada. When the rate changes by at least 5 cents over at least 5 consecutive business days, PharmaCare's exchange rate is adjusted to reflect the new rate.

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
February 2024	May 6, 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

Limited Coverage benefits: tazarotene (Arazlo™), eptinezumab (Vyepti®), tiotropium (Lupin-Tiotropium Lupinhaler®)

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

Drug name	tazarotene (Arazlo™)		
Date effective	April 9, 2024		
Indication	For the topical treatment of acne vulgaris in patients 10 years of age and older.		
DIN	02517868	Strength & form	0.045% lotion

Drug name	eptinezumab (Vyepti®)		
Date effective	April 23, 2024		
Indication	For the prevention of migraine in adults who have at least 4 migraine days per month.		
DIN	02510839	Strength & form	100 mg/1 mL solution in a vial for intravenous infusion Note: Vyepti® 300 mg/3 mL solution in a vial (DIN 02542269) will be listed when the product supply is available.

Drug name	tiotropium (Lupin-Tiotropium Lupinhaler®)		
Date effective	May 2, 2024		
Indication	Maintenance bronchodilator treatment of chronic obstructive pulmonary disease.		
DIN	02537850	Strength & form	18 mcg capsule for oral inhalation with the LupinHaler® device

Non-benefit: ravulizumab (Ultomiris®)

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

Drug name	ravulizumab (Ultomiris®)		
Date effective	April 17, 2024		
Indication	For the treatment of anti-acetylcholine receptor (AChR) antibody-positive generalized myasthenia gravis (gMG).		
DIN	02491559 02533448 02533456	Strength & form	10mg/mL and 100mg/mL concentrate for solution for intravenous injection

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
burosumab (Crysvita™)	X-linked hypophosphataemia (XLH) in adults	April 24 to May 21 at 11:59 pm
atogepant (Qulipta®)	Prevention of chronic migraine in adults	April 24 to May 21 at 11:59 pm



Did you know?

Most prescribers can now submit Special Authority requests online using [eForms](#). Using eForms is more secure than faxing and generally returns decisions more quickly.