

# BC PHARMACARE NEWSLETTER

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## In this edition

TEMPORARY AMENDMENTS TO PPP-58: ADAPTING A PRESCRIPTION .....	1
PRIME LAUNCH .....	2
Which pharmacists would enrol in PRIME now? .....	2
Remote Access Policy for Community Practice Sites .....	2
DISCONTINUATION OF COUMADIN® IN CANADA .....	3
LIMITED COVERAGE DRUGS.....	3
NON-BENEFITS .....	3

## TEMPORARY AMENDMENTS TO PPP-58: ADAPTING A PRESCRIPTION

Effective May 7, 2020, the College of Pharmacists of BC (the College) temporarily amended Professional Practice Policy 58 (PPP-58): Medication Management (Adapting a Prescription) for the duration of the COVID-19 public health emergency. Under these amendments, pharmacists may:

- adapt a transferred prescription; and
- make a therapeutic substitution for a prescribed drug that is not included under [PharmaCare’s Reference Drug Program](#), only in the case of an actual drug shortage\* and when no interchangeable drug is available. When making a therapeutic drug substitution, pharmacists must be satisfied that the dose and the dosing regimen of the new drug selected will have an equivalent therapeutic effect, and that the substituted drug is within the same therapeutic class as the prescribed drug.

\*Along with the required documentation for adapting a prescription, the pharmacist must also document evidence of the drug shortage (e.g., a report from [drugshortagescanada.ca](http://drugshortagescanada.ca) or a “no alternative available” status on [PharmaCare’s Current Drug Shortages List](#)).

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.



PharmaCare clinical service fees will extend to these exceptional adaptations during the COVID-19 public health emergency period, from May 7, 2020.

**Note:** Therapeutic substitution does not apply to controlled drug substances or cancer chemotherapy agents. For more information, see the College's [news page](#) about the amendments.

## PRIME LAUNCH

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On May 7, 2020, the Ministry of Health (the Ministry) launched the PharmaNet Revisions for Information Management Enhancements (PRIME) project. PRIME is a new way for health practitioners to request approval for PharmaNet access. PRIME is currently only used in a community practice setting (i.e., private practice clinic) by pharmacists, physicians and nurse practitioners, and individuals who access PharmaNet on their behalf.

PRIME consists of two new processes: user enrolment and site registration.

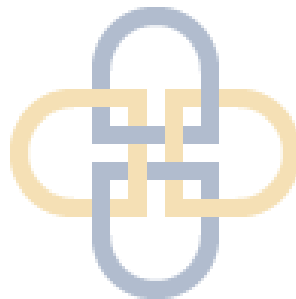
Community practitioners will need to complete an online user enrolment in PRIME when they join a new practice or need to update the information they provided when they requested access to PharmaNet through ComPAP or MPAP. The terms of access they sign in PRIME replace the ComPAP and MPAP agreements signed previously.

Community practices needing a new PharmaNet access site, or updating information for an existing site, will also go through a new site registration process.

### Which pharmacists would enrol in PRIME now?

Only those **in a community practice** who need to:

- get new PharmaNet access
- update information
- access PharmaNet remotely



# PRIME

### Remote Access Policy for Community Practice Sites

The Ministry has simultaneously released a new remote access policy to allow PharmaNet access at a location outside an approved community practice site, which was previously prohibited. To remotely access PharmaNet, the community practice must complete the new site registration process, and each practitioner requiring remote access must complete the user enrolment process in PRIME. The practice should first confirm that their PharmaNet software vendor is offering remote access.

Practitioners who already access PharmaNet at a private practice clinic and do not need remote access are not required to enrol in PRIME or complete a site enrolment process at this time. PRIME will be launched for all practitioners in a community pharmacy setting in future. The Ministry will advise of the onboarding schedule when confirmed.

For more information, visit [Community Health Practice Access to PharmaNet](#) or contact [PRIME@gov.bc.ca](mailto:PRIME@gov.bc.ca).

## DISCONTINUATION OF COUMADIN® IN CANADA

Due to unforeseen complications on the manufacturer's end, the sale and distribution of all strengths of Coumadin® (warfarin sodium) tablets will be discontinued in Canada, the United States, Latin America, and Saudi Arabia beginning on June 1, 2020. Full discontinuation is expected by August 30, 2020.

Coumadin patients should be aware that warfarin generic alternatives remain available and covered under PharmaCare (refer to the [Low Cost Alternative](#) list). In B.C., Coumadin had a very small market share within the overall warfarin market, thus no supply chain issues or shortages are expected in relation to the discontinuation of this product.

## LIMITED COVERAGE DRUGS

The following product has been added as a Limited Coverage benefit under Fair PharmaCare and PharmaCare Plans C and W:

<b>COVERAGE EFFECTIVE</b>	May 5, 2020		
<b>DRUG NAME</b>	risankizumab (Skyrizi®)		
<b>INDICATION</b>	Moderate to severe plaque psoriasis in adults		
<b>DIN</b>	02487454	<b>STRENGTH AND FORM</b>	75 mg/0.83 mL pre-filled syringe
<b>PLAN G BENEFIT</b>	No	<b>PLAN P BENEFIT</b>	No

## NON-BENEFITS

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

DECISION DATE	PRODUCT	DIN	STRENGTH/FORM	INDICATION
May 5, 2020	guselkumab (Tremfya®)	02469758	100 mg/1 mL pre-filled syringe	Moderate to severe plaque psoriasis in adults
	guselkumab (Tremfya® One-Press™)	02487314	100 mg/1 mL patient-controlled injector	