

# 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](http://www.gov.bc.ca/pharmacarepharmacists)  
[www.gov.bc.ca/pharmacareprescribers](http://www.gov.bc.ca/pharmacareprescribers)  
[www.gov.bc.ca/pharmacaredeviceproviders](http://www.gov.bc.ca/pharmacaredeviceproviders)



Did you  
know?

The third-most PharmaCare-reimbursed drug in 2019/2020 was levothyroxine sodium, to treat hypothyroidism (97,938 beneficiaries). The second-most was atorvastatin calcium, to treat high cholesterol (98,257 beneficiaries).

Can you guess which drug was in the #1 spot? See Table 15 in [2019-2020 PharmaCare Trends](#).

## Provincial purchase program for influenza vaccine (originally published Oct 27)

The Ministry of Health will be reimbursing community pharmacies for eligible influenza vaccine purchased for private sale before the October 19, 2021 [announcement](#) that publicly funded influenza vaccinations would be available at no cost to anyone in B.C. aged six months and older.

The Ministry will also pay a \$12.10 administration fee for each eligible vaccine administered and recorded as private supply under the DIN between September 1 to end of day October 29, 2021.

### Reimbursement for private stock

Pharmacies will be refunded for these “regular dose” vaccines: FluLaval Tetra, Fluzone Quadrivalent, Afluria Tetra and Flumist Quadrivalent.

Fluzone High-Dose Quadrivalent will not be eligible for the provincial purchase program.

Information is coming soon about how to submit invoices for reimbursement of eligible private vaccine stock.

### Administration fees

Pharmacies should now submit claims using eligible vaccine PINs instead of DINs to receive the vaccine administration fee.

PharmaCare will refer to DINs entered in PharmaNet from September 1, 2021, up to the end of day October 29, 2021 (00:00:01 AM on October 30, 2021), to calculate retroactive fee payments. Any DINs entered in PharmaNet following October 29, 2021, will not be eligible for retroactive fee payments.

The timing for the reimbursement for eligible administration fees will be communicated soon. The Ministry will not reimburse administration fees for ineligible vaccines.

Products eligible for purchase by the Ministry of Health:

Vaccine product	PIN (use for all PharmaCare claims)	DIN (do not use after Oct 29)	Format
Afluria® Tetra Quadrivalent	66127355	02473283	Single-dose pre-filled syringe
		02473313	Multi-dose vial
Flulaval® Tetra	66128005	02478978	Single-dose pre-filled syringe
		02420783	Multi-dose vial
FluMist® Quadrivalent	66128276	02426544	Nasal spray
Fluzone® Quadrivalent	66128073	02420643	Single-dose pre-filled syringe
		02432730	Multi-dose vial

## Patient refunds

Customers now eligible for a publicly funded vaccine might request refunds for a vaccine they paid for out-of-pocket since September 1. PharmaCare's reimbursement of private stock and retroactive administration fees are intended to help mitigate the cost to the pharmacy of any such refunds.

## Provincial purchase program for influenza vaccine: How to apply for reimbursement (originally published Nov 17)

Pharmacies can now apply for reimbursement for private influenza vaccine stock purchased or committed to for the 2021-22 season, which is now publicly funded following the Province's [announcement of expanded eligibility](#).

Pharmacies will submit invoices to the BC Pharmacy Association. The BCPhA will forward submissions to the Ministry of Health. Health Insurance BC will issue payment.

### Influvac®

Since the [provincial purchase program was announced](#), Influvac has been added to the list of products eligible for reimbursement, but only for supplies purchased by pharmacies before October 29.

PIN 66128295 has been created for Influvac, and should be used for all Influvac claims, from now through the rest of the 2021/22 flu season.

An administration fee of \$12.10 will be [paid retroactively](#) for claims for eligible flu vaccine DINs entered in PharmaNet up to a certain date (November 19 for Influvac DIN claims, October 29 for DIN claims for other eligible flu vaccines, as previously announced).

### Commitments to distributors

Pharmacies are expected to uphold their commitments to distributors to purchase private flu vaccine stock. PharmaCare will reimburse invoices dated up to December 14, 2021 (October 29 for Influvac).

### Process

Pharmacies can apply for reimbursement with [BCPhA's online form](#). Applications must be submitted before end of day January 14, 2022. Payment will not be issued until after the January 14, 2022, deadline and all applications have been processed. A future PharmaCare Newsletter will have information on payments.

To apply for reimbursement, pharmacies must provide:

- Quantity and total cost of private vaccine stock purchased between August 1 and December 14, 2021, for:
  - Afluria® Tetra Quadrivalent
  - Flulaval® Tetra
  - FluMist® Quadrivalent
  - Fluzone® Quadrivalent
- Quantity and total cost of vaccine purchased between August 1 and October 29, 2021 for:

- Influvac® Tetra (Quadrivalent)
  - Quantity of returned stock, if any, and total credit received
  - Copies of relevant distributor invoices dated August 1 to December 14, 2021 (or to October 29 for Influvac)

Submissions and invoices are subject to audit by PharmaCare, with payment subject to recovery.

Invoices must have been issued by distributors or manufacturers. Pharmacy-generated documents are not sufficient.

Pharmacies must retain original invoices, as required by section 12(d) of the Provider Regulation.

## Vaccine PINs

Submit claims using eligible vaccine PINs instead of DINs to receive the vaccine administration fee. Any DINs for Afluria, Flulaval, FluMist or Fluzone entered in PharmaNet as of October 29, 2021, are not eligible for administration fees. DINs for Influvac are not eligible for administration fees as of November 19, 2021.

Vaccine product	PIN (use for all PharmaCare claims)	Administration fee
Afluria® Tetra Quadrivalent	66127355	As of October 29, 2021, all PharmaNet entry is to be under the respective PIN.  (DINs entered before October 29 will receive retroactive payment; DINs entered after will not)
Flulaval® Tetra	66128005	
FluMist® Quadrivalent	66128276	
Fluzone® Quadrivalent	66128073	
<b>NEW!</b> Influvac Tetra (quadrivalent)	66128295	As of November 19, 2021, all PharmaNet entry is to be under the PIN.  (DINs entered before November 19 will receive retroactive payment; DINs entered after will not)

## Flu vaccine for non-residents

Pharmacies can administer the publicly-funded influenza vaccines to Canadians from outside B.C. who would qualify for a vaccine in their home province or territory, but not to others (e.g., international travelers on a layover in YVR).

However, PharmaCare does not pay administration fees for any influenza vaccines given to anyone who is not a B.C. resident.

You can also direct non-B.C. residents seeking a flu vaccine to a local public health unit.

## Patient refunds

Pharmacies are expected to honour customer requests for refunds for vaccines they paid for out-of-pocket where the vaccines are now publicly funded. The provincial purchase program and retroactive administration fees are intended in part to mitigate the cost of such refunds for pharmacies.

## Resources

- Apply for reimbursement using the [BCPhA Influenza Vaccine Purchase Program form](#)
- [Publicly Funded Vaccines web page](#)
- [Oct 27, 2021 Provincial Purchase Program announcement](#)

## Drug shortages and dispenses during state of emergency (Nov 19, 2021)

The Ministry is aware of reports of localized drug shortages resulting from recent flooding, particularly in the northern and interior parts of the province. The Ministry is closely monitoring the supply chain and working closely with distributors to resolve logistics issues. As of today (Friday Nov 19, 2021), all major distributors have been able to deliver some medications either by air or ground. Essential medications are being prioritized.

We would like to remind pharmacists of their expanded authority to adapt prescriptions during the COVID-19 public health emergency, which still applies. The College of Pharmacists of BC's [Amendments To Professional Practice Policy-58 Medication Management \(Adapting A Prescription\)](#) removes the limits on drug categories for therapeutic substitution where there is a drug shortage.

Health Canada has also implemented new temporary recordkeeping and signatory requirements for controlled substances, to improve the movement of medications. Please see their Controlled Substances Bulletin, [Requirements for the movement of controlled substances in flood-stricken areas in British Columbia \(PDF\)](#).

## Smaller dispenses (Nov 17, 2021)

Community pharmacies may dispense smaller quantities, e.g. 30 days' supply, to mitigate drug shortages during current flooding, evacuations, and highway closures in B.C. Pharmacies should use their judgement to assess inventory and patient need.

PharmaCare policy is that fills should be up to the maximum days' supply wherever possible. If this is not possible given the pharmacy's on-hand supply, the pharmacy may fill an amount less than the maximum days' supply indicated in PharmaNet or on the written prescription. If smaller dispenses are required for supply management, additional dispensing fees may be claimed for subsequent dispenses to complete the fill.

This guidance will be in place until Dec. 1, 2021.

## Emergency supplies

Travelers stranded due to heavy rainfall may need emergency prescription medication fills. Under the College of Pharmacists of BC's [Emergency Supply for Continuity of Care policy](#), a pharmacist may use their professional judgement to determine if they can safely provide someone with an emergency supply. For more information, visit the College's web page, [Heavy Rain Causes Floods And Landslides Across BC – Accessing Medications And Providing Continuity Of Care](#).

For PharmaNet claims entry instructions for emergency supplies and extension of Special Authority coverage, see [Patient Care During States of Emergency and Evacuation](#).

## Expensive Drugs for Rare Diseases (EDRD) update

As of [October 5, 2021](#), Trikafta® is covered through PharmaCare's exceptional [Expensive Drugs for Rare Diseases process](#). Cystic fibrosis (CF) clinicians may apply for Trikafta funding beginning in October, and if approved, patients may access Trikafta at their local community pharmacy.

Trikafta is packaged as a 28-day supply of oral tablets at \$23,520 per package. PharmaCare limits supply to 28 days. The cost of a single package of Trikafta exceeds \$9,999.99. Please refer to [section 3.18 of the PharmaCare Policy Manual](#) for how such claims should be submitted, including billing a single dispensing fee per month. (See also this issue's [PharmaCare Script](#).)

Approved claims will usually be fully covered by PharmaCare or shared with the patient's third-party insurer. Please note that PharmaCare doesn't pay for any markup on Trikafta, but will cover a dispensing fee.

Initial applications may be approved for up to 8 months. It will be the responsibility of the prescribing physician and the Provincial Health Services Authority to request continued access from PharmaCare, 6-8 months from the initial application's approval, 12 months after that, and then every 2 years thereafter.

Please note that once funding is approved, it may still take up to 3 business days to update the approval in the patient's PharmaNet profile. So if you're unable to successfully bill a Trikafta prescription to PharmaCare, log the prescription and re-bill in 2-3 business days.

Contact the PharmaNet Help Desk if you encounter complications while submitting a claim. Trikafta is distributed through McKesson Specialty.

Due to the cost of Trikafta, the Ministry of Health recommends that pharmacies bill Pharmacare or the patient's third party insurer prior to ordering the medication from McKesson Specialty. Pharmacies should also confirm pickup of the drug with the patient.

Note: If your pharmacy hasn't already done so, it may need to open an account with McKesson Specialty, as Trikafta cannot be ordered through the conventional McKesson/PharmaClik system.

<b>Drug name</b>	elexacaftor/tezacaftor/ivacaftor (Trikafta®)		
<b>Date effective</b>	October 5, 2021		
<b>Indication</b>	Cystic fibrosis in patients aged 12 and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator gene		
<b>DIN</b>	02517140	<b>Strength and form</b>	elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 50 mg tablet and ivacaftor 150 mg tablet
<b>Covered under</b>	Expensive Drugs for Rare Diseases Process		

## Smoking Cessation Program product changes

As mentioned in [PharmaCare Newsletter 21-009](#), Nicorette® 2 mg and 4 mg lozenges will be assigned new Natural Product Numbers (NPNs) by April 2022 (exact date to be confirmed) due to a change in manufacturer.

In the meantime, both products will have temporary NPNs. The new 4 mg lozenge is already available under both its current and temporary NPN until April 2022.

The 2 mg lozenge will be available **December 1, 2021** under both its current and temporary NPN, as shown in the table below.

See the table below for information about current and temporary NPNs for the 2 mg lozenge:

Brand	Product type and strength	Pack size	Current NPN	Temporary NPN (Dec 2021)	New NPN (Apr 2022)
Nicorette®	lozenge 2 mg	80	02247347	80053099	TBD

Note: Nicorette mint flavour only

In April 2022, coverage for current NPNs of both products will end. It's expected that coverage for temporary NPNs and new NPNs will continue for four months, until August 2022.

Coverage for both NPNs is to give pharmacists time to transition their stock.

## PharmaCare 101 goes live

Soak up the basics of PharmaCare in a series of 5 short videos. Students, health care professionals, PharmaCare providers, and anyone else interested in the PharmaCare program are invited to watch PharmaCare 101 online. Instructors and managers can also book a follow-up Q and A session with a PharmaCare pharmacist for their classroom or staff.

The videos introduce PharmaCare coverage plans, medical device coverage, eligibility, pricing policies, benefit types, Special Authority, Reference Drug Program, Low Cost Alternative program, PharmaNet, PRIME, drug review and more. Each video is 6-8 minutes long and ends with simple activities to deepen knowledge.

Visit [PharmaCare 101!](#)

## Non-benefits

The following product has been reviewed and won't be listed as a PharmaCare benefit under the DIN below:

Non-benefit decision date: October 12, 2021		
Product	Strength and form	DIN
Losec MUPS	20 mg, delayed release tablets	02242462

## Your Voice: Patient input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is 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:

<b>DRUG</b>	Drugs for the primary prevention of osteoporosis (therapeutic review)
<b>INDICATION</b>	primary prevention of osteoporosis
<b>INPUT WINDOW</b>	Oct 20 to Nov 17, 2021

<b>DRUG</b>	mecasermin (Increlex®)
<b>INDICATION</b>	severe primary insulin-like growth factor-1 deficiency (SPIGFD)
<b>INPUT WINDOW</b>	Oct 25 to Nov 22, 2021

<b>DRUG</b>	estradiol (Imvexxy®)
<b>INDICATION</b>	postmenopausal dyspareunia
<b>INPUT WINDOW</b>	Oct 25 to Nov 22, 2021

<b>DRUG</b>	estradiol and progesterone (Bijuva®)
<b>INDICATION</b>	vasomotor symptoms associated with menopause
<b>INPUT WINDOW</b>	Oct 25 to Nov 22, 2021



## FNHA Partnership series: Coming Together for Wellness

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The First Nations Health Authority (FNHA) and the Ministry of Health are collaborating on a series of ten articles to increase awareness of First Nations perspectives in health care and to build cultural safety and humility in pharmacies across B.C. This is the second article in the series. You can read the first in [PharmaCare Newsletter 21-010](#).

### A history of resilience

First Nations people have lived on the land now called British Columbia (B.C.) since [time immemorial](#).

Today B.C. is home to 203 First Nations, about one third of [First Nations in Canada](#). They have diverse cultures and traditions, and represent over half of the country's First Nations languages.

Before contact with Europeans, First Nations in B.C. had complex political, social and spiritual structures and systems, and sophisticated methods of harvesting and preserving the seasonal abundance of food. First Nations enjoyed good health due to an active lifestyle and traditional diets. Wellness was a way of life.

The *Indian Act* of 1867 gave the federal Department of Indian Affairs authority to make policy decisions, such as determining who was an "Indian." The *Indian Act* was based on the premise that the Crown needed to act as a "guardian" to First Nations until they could fully integrate into Canadian society. Amendments made to the *Act* between 1876 and 1927 prioritized "assimilation" and "civilization," imposing greater controls that often pushed to end traditional ways of life. Spiritual and religious ceremonies such as the potlatch and the sun dance were banned.

One grievous vehicle for assimilation was the [Indian Residential School system](#), which lasted from 1857 to 1996. This system forcibly separated children from their families for extended periods of time, and forbade the practice of their heritage and culture, such as speaking their own languages. The [Truth and Reconciliation Commission's report summary](#) said the schools amounted to cultural genocide.

The schools were often overcrowded, with poor sanitation and inadequate food and health care. Physical, emotional, and sexual abuse were common, as was death. This year, ground-penetrating radar has revealed 542 unmarked graves on former school sites in B.C., on the traditional territories of the Tk'emlúps te Secwépemc, Hul'qumi'num Treaty Group, and Ktunaxa Nation.

The physical and emotional impacts of colonialism, coupled with complex jurisdictional responsibilities shared between the federal and provincial government for health care, contributed to major gaps in the quality of health between First Nations and other British Columbians.

However, the history of First Nations in Canada is rooted in [resilience](#) (see the second question in the linked article). Today, many First Nations in B.C. have vibrant land-based practices, political structures, self-determination and are revitalizing traditional languages.

First Nations health care is embracing the philosophy of "two-eyed seeing," which applies the strengths of both Indigenous and Western-scientific ways of knowing for the benefit of all. One example is [Coyote's Food Medicines](#), a

resource that features traditional storytelling to educate and initiate conversation between First Nations people and their health care providers.

Next in the series: Cultural safety and humility

#### Resources:

- ❖ <https://www.fnha.ca/wellness/our-history-our-health>
- ❖ [The Bryce Report: IRSR11-12-DE-1906-1910.pdf \(fnesc.ca\)](#)

## PharmaCare Scripts

Did you resolve an interesting pharmacy case, or do you have a question about applying a specific PharmaCare policy? Share your story or inquiry with [PharmaCareInfo@gov.bc.ca](mailto:PharmaCareInfo@gov.bc.ca) and you might see a relevant PharmaCare Script posted!

## Entering claims exceeding \$9,999.99

PharmaCare just approved Trikafta coverage for Kim to treat his cystic fibrosis. He checks ahead that his local pharmacy has the medication before going.

Kim: Hi, I'm here to pick up my Trikafta medication.

Marie (the pharmacist): The billing isn't going through. When did you say you got approval?

Kim: I received approval yesterday.

Marie: Okay, it might take up to 3 days to be updated in the system.

Marie logs the prescription and tries to bill it again in a few days.

A 28-day supply of Trikafta costs \$23,520 which exceeds the PharmaNet limit of \$9,999.99.

Marie follows the procedure outlined under [Section 3.18](#) of the PharmaCare Policy Manual and splits the claim into three separate claims, each less than \$9,999.99, as in the table below. The drug cost for each claim is proportional to the dispensed quantity entered.

She doesn't split the dispensing fee; it's entered only once on the first claim and zeroed out on the others. Lastly, Marie enters the intervention code **MP** (valid claim – value \$1000,00 to \$9999.99) for all claims except the first.

Claims for a 28-day supply of a drug with a dispensed quantity of 28 and drug cost of \$23,520			
Field	Claim 1	Claim 2	Claim 3
Dispensed quantity	10	10	8
Days' supply	10	10	8
Drug cost	\$8,400	\$8,400	\$6,720
Dispensing fee	Yes (usual fee claimed)	No (zeroed out)	No (zeroed out)
Intervention code	N/A	MP	MP