

BC PHARMACARE NEWSLETTER

Edition 23-011: November 2023

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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



Refills

Your dose of drug information in between details

Q: When should serum calcium be checked in people initiating or taking denosumab (Prolia®) for fracture risk reduction?

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!



MACS pathway with BC Emergency Health Services

Starting November 15, 2023, the BC Emergency Health Services (BCEHS) clinical hub will direct low-acuity 9-1-1 callers to community pharmacists for a Minor Ailment and Contraception Service (MACS), when appropriate.

A BCEHS low-acuity patient navigator will make sure the caller is eligible for MACS. They will then contact the patient's preferred pharmacist, and provide a brief SBAR (situation, background, assessment, recommendation) and their direct number for follow-up questions.

The new pathway ensures that low-acuity patients receive timely care and maximizes the expertise of community pharmacists. The amount of referred callers is expected to be low.

If you have questions or feedback, please email ClinicalHubInfo@bcehs.ca

What is the BCEHS's Clinical Hub?

The Clinical Hub assesses 9-1-1 callers and determines whether they need to be conveyed to hospital, or provides alternative care if they do not. This keeps BCEHS ambulances available for the most critically ill and injured, and helps low-acuity patients avoid long wait times in emergency rooms.

RN and RPN designation to treat opioid use disorder

Registered nurses (RNs) and registered psychiatric nurses (RPNs) will soon be able to diagnose and treat opioid use disorder (OUD), including prescribing controlled drugs and substances, under new practice designation by [the BC College of Nurses and Midwives \(BCCNM\)](#).

RNs and RPNs can currently diagnose and treat clients with OUD under the Public Health Officer (PHO) order [Registered Nurse and Registered Psychiatric Nurse Public Health Pharmacotherapy](#). Nurses have until November 30, 2023, to transition to the new certified practice designation and maintain their prescribing authority. The new practice certification also allows them to issue orders to non-certified practice nurses, to compound, dispense, and administer drugs and Schedule IA medications for the treatment of OUD.

As of December 1, 2023, RNs and RPNs with certified practice designation (only) can prescribe buprenorphine/naloxone, methadone, and slow-release oral morphine (Kadian®). The list of drugs may expand in the future. Prescriptions of Schedule IA medications written by RNs and RPNs must meet the requirements of the [BC Controlled Prescription Program](#).

Resources

- [Prescribing for certified practice nurses \(BCCNM\) – RNs](#)
- [Prescribing for certified practice nurses \(BCCNM\) – RPNs](#)

Therapeutics Letter #144 – ADHD in adults

The Therapeutics Initiative released [Therapeutics Letter #144 – ADHD in adults](#) on September 29, 2023. Therapeutics Letter 144 describes the trend of increasing diagnoses and treatment of adult ADHD, as well as the limitations of the evidence to support stimulant use in this population. Key messages of the letter include:

- Use of ADHD medications has increased significantly over the past 2 decades, signalling a concerning trend for overdiagnosis and treatment
- ADHD symptom rating scales cannot substitute for detailed clinical assessment and differential diagnosis
- Evidence to support stimulants for adult ADHD is low quality, based on short-term (≤ 12 weeks) studies of subjective symptom rating scales. Little is known about functional outcomes such as social and employment success and overall health
- Evidence from observational studies has contradictory findings, resulting in uncertainty about the true effects of ADHD drugs

The TI's Therapeutics Letter is a free bimonthly publication distributed to B.C. physicians and pharmacists to increase awareness and improve prescribing habits. The Letter is drafted following a systematic literature review, then circulated for review to 100 local, national and international specialists with expertise in the relevant therapeutic area.

Resources

- [Therapeutics Letter #144 – ADHD in adults](#)

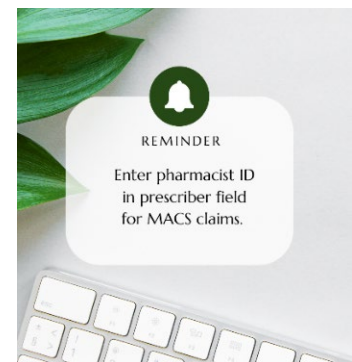
Scope of Practice Corner

MACS claims submission reminder

Pharmacists are reminded to enter their pharmacist ID in the prescriber field when claiming a Minor Ailments and Contraception Service in PharmaNet.

Some pharmacy software defaults to the patient's primary care provider on file. If not corrected, records will show that the patient's physician or nurse practitioner provided the service.

Please enter the pharmacist ID for MACS claims -- and all other clinical services claims -- to keep PharmaNet records accurate.



MACS monitoring and evaluation update

The Ministry is continuously monitoring and evaluating MACS.

Between June 1, 2023 and September 30, 2023:

- More than 135,000 MACS were completed
- More than 116,000 patients received a service
- More than 1,300 pharmacies provided MACS, representing approximately 87% of community pharmacies*
- More than 3,500 pharmacists provided MACS, representing approximately 53% of licensed B.C. pharmacists, or 68% of active community pharmacists*
- The greatest number of assessments were for:
 - urinary tract infections (uncomplicated) 20%
 - contraception 18%
 - allergic rhinitis 9%
 - conjunctivitis 8%
 - dermatitis 7%
- Of the minor ailment assessments, approximately 78% resulted in a prescription and 11% resulted in advice to see another healthcare provider (HCP)



135,000+ claims



116,000+ patients



1,300+ pharmacies



3,500+ pharmacists

Top 5 MA assessment resulting in a prescription

Ailment	% of claims resulting in RX
Herpes labialis (cold sores)	93%
Urinary tract infection (uncomplicated)	88%
Acne	88%
Gastroesophageal reflux disease/ dyspepsia	87%
Hemorrhoid	87%

Top 5 MA assessment resulting in patients advised to see other HCP

Ailment	% of claims with advice to see HCP
Oropharyngeal candidiasis	21%
Headache	19%
Vaginal candidiasis	19%
Fungal infection	19%
Shingles	19%

The Ministry extends its appreciation to pharmacists for the ongoing success of MACS and pharmacists prescribing. For more information, refer to [Pharmacist scope of practice](#) and [PPMAC data](#).

*Submitted a PharmaCare claim in the year before program launch

Patient story – trans male seeking UTI treatment at pharmacy (MACS)

Cam is experiencing symptoms that he thinks might be a urinary tract infection (UTI). He knows that pharmacists are now able to assess and prescribe for UTIs through the Minor Ailment and Contraception Service (MACS), and so he decides to go to his local pharmacy for help.

Cam is a trans man and has experienced stigma and discrimination in the past when he has accessed health care. He feels more comfortable when he sees that the pharmacy has [posters displayed](#) that show it is a safe and inclusive space. Staff also wear pronoun badges along with their nametags.

Aneesha is the pharmacy manager and has recently instructed all her staff to take an [online seminar for supporting 2SLGBTQIA+ individuals in pharmacy](#). The skills they learned have helped them provide better care for all their clients.

When Aneesha meets Cam, she invites him into the pharmacy's consultation room for privacy. Aneesha makes sure to ask how Cam would like to be addressed. Cam has not yet changed his gender designation and has a different legal name listed in his PharmaNet profile. When Aneesha asks his preferred name and if he feels comfortable sharing his pronouns, he feels safe and validated. He feels comfortable to disclose to Aneesha that he is transgender.

Prior to conducting the MACS assessment for UTIs, Aneesha asks what terms Cam feels comfortable using when referring to his body. Aneesha makes note of this and ensures that this is reflected in the way she communicates with Cam.

Aneesha focusses on anatomy rather than gender when asking Cam questions about his symptoms. She tells him that people who have external genitals are advised to speak to a doctor if they have urinary symptoms. Cam feels safe to disclose to Aneesha that he has internal genitals or a vagina, and Aneesha prescribes an appropriate antibiotic after completing the rest of the MACS assessment. She also offered non-pharmacological approaches to address and prevent future events of UTI.

Aneesha follows-up with Cam after three days, and Cam reports feeling much better. Cam thanks Aneesha for her sensitivity and inclusive approach to his care.

Coming soon: Cam's story is the first in a four-part series that will explore LGBTQA2S+ experiences with pharmacy. Topics to come include resources and guidance on providing inclusive care.

Did you know? Both the provincial and federal Human Rights Code classify "gender identity or expression" as a protected group of individuals. This means that discriminating against transgender people is illegal in both [provincially](#) and [federally regulated enterprises](#) in B.C.

Website survey results

The PharmaCare website survey ran from August 1, 2023, to October 1, 2023. Thank you to all who provided input!

User demographics

- Respondents were primarily pharmacists and pharmacy technicians. Other feedback was given by pharmacy assistants and students, as well as administrative staff, FNHA staff, and an insurance carrier. This aligns with our understanding of readership from the 2021 PharmaCare Newsletter survey (65% pharmacists)

How users are using the website

- Desktop and laptop computers were the most reported; a significant number of respondents accessed the website on mobile devices; the communications team will maximise usability on both
- Users bookmark key web pages such as the [PharmaCare Policy Manual](#), [Product Identification Numbers](#), and [patient information sheets](#), or use their search engine of choice to find the PharmaCare web page they are looking for – typing PharmaCare + SUBJECT into a search engine is nearly always successful

Content relevance, usefulness, and understandability

- [The Special Authority drug list](#) and the [PharmaCare Newsletter](#) were scored as “extremely useful” by a vast majority of respondents
- [Your Voice](#) surveys were found to be “slightly useful” or “not at all useful” to many respondents

Suggestions for improvement

- The desire for better website navigation was clear. Many responses indicated “it is hard to find the information I need”; the comms team is working to streamline the website layout. As noted above, typing PharmaCare + SUBJECT into a search engine is a great way to find information (our metadata, i.e., back-end tags, is well populated)
- At the same time, many respondents find PharmaCare web content easy to understand and relevant to their work

A few submissions note areas of the website that need updating. The communications team is working on these as well as making things easier to find on the website.

Many respondents mentioned that the formulary is often out of date. The division is looking into strategies to update the formulary more frequently; currently, it is updated every 2 weeks. The PharmaCare communications team has decided to update the Newsletter throughout the month to capture drugs listings as they go live. Refer to [Drug listings section to be updated throughout the month](#).

Drug listings section to be updated throughout the month

The PharmaCare communications team has decided to update the web page version of the PharmaCare Newsletter throughout the month to capture drug listings as they go live. This allows health professionals to find out about PharmaCare listings as soon as they are effective. The PDF version of the newsletter will not be updated throughout the month.

Any new listings after a newsletter is published and before the next newsletter will also be included in the next newsletter (web and PDF versions). For example, if the January newsletter comes out on January 2, and a drug is listed on January 14, the drug will be added to the online January newsletter on January 14. It will then also be captured in the online and PDF version of the February newsletter. This is for people who read the newsletter on or around the publication date only.

Updating the newsletter web page throughout the month is one way that PharmaCare is responding to results of our recent website survey, which showed that health professionals would like more frequently updated information on drug coverage.

Refer to the [formulary and listing updates](#) section of the Newsletter throughout the month to review new listings!

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
August 2023	November 6, 2023

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

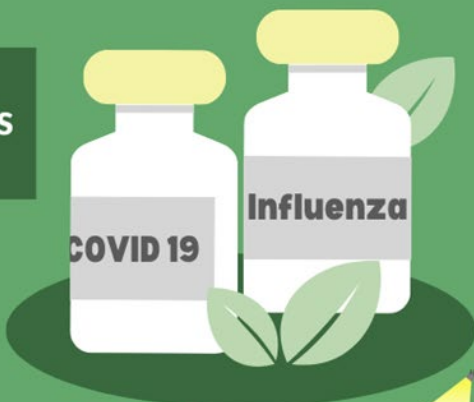
Resources


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

Policy Spotlight

Administering vaccines to non-B.C. residents

- Pharmacists cannot charge a fee for administering publicly funded vaccines to BCCDC eligible non-B.C. residents
- Send them to local health clinics with Immunize BC's Health Unit Finder to determine if they are eligible



Policy Spotlight: Administering vaccines 

Formulary and listing updates

Limited Coverage benefits: glucagon (foreign label), dupilumab (Dupixent®), satralizumab (Enspryng®)

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

Drug name	Glucagon (foreign label)		
Date effective	October 6, 2023		
Indication	Severe hypoglycemia in patients for whom the nasal spray dosage form is not appropriate		
PIN	9858279	Strength & form	Kit including sterile lyophilized powder in a single dose 1 mg vial and diluent in a pre-filled syringe

Drug name	dupilumab (Dupixent®) for ages 12 and up		
Date effective	October 17, 2023		
Indication	Add on maintenance treatment in patients 12 years and up with severe eosinophilic asthma		
DIN	02492504 02470365 02524252 02510049	Strength & form	solution for subcutaneous injection 200 mg prefilled syringe or prefilled pen 300 mg prefilled syringe or prefilled pen

Drug name	<u>dupilumab (Dupixent®) for ages 6 years to 11 years</u>		
Date effective	October 17, 2023		
Indication	Add on maintenance treatment in patients 6 years to 11 years of age with severe eosinophilic asthma		
DIN	02492504 02470365	Strength & form	solution for subcutaneous injection 200 mg prefilled syringe 300 mg prefilled syringe

Drug name	<u>satralizumab (Enspryng®)</u>		
Date effective	November 1, 2023		
Indication	Neuromyelitis optica spectrum disorder (NMOSD)		
DIN	02499681	Strength & form	Solution, in a single-use, pre-filled syringe of 120 mg/mL

Limited coverage benefits updates: benralizumab (Fasenra®), mepolizumab (Nucala®), rituximab (biosimilars), tocilizumab (Actemra®)

PharmaCare has updated the following Limited Coverage items.

Drug name	<u>benralizumab (Fasenra®)</u>		
Date effective	October 17, 2023		
Indication	Severe eosinophilic asthma		
DINs	02473232 02496135	Strength & form	Solution for subcutaneous injection (30 mg/mL)

Drug name	<u>mepolizumab (Nucala®)</u>		
Date effective	October 17, 2023		
Indication	Severe eosinophilic asthma		
DINs	02449781 02492989 02492997	Strength & form	lyophilized powder for subcutaneous injection (100 mg/mL)

Drug name	tocilizumab (Actemra®)		
Date effective	November 1, 2023		
Indication	Neuromyelitis optica spectrum disorder (NMOSD)		
DIN	02350092 02350106 02350114 02424770 02483327	Strength & form	Intravenous infusion vial, pre-filled syringe (80 mg/4 mL, 200 mg/10 mL, 400 mg/20 mL, 162 mg/0.9 mL)

Drug name	rituximab (Truxima®, Ruxience®, Riximyo®) biosimilars		
Date effective	November 1, 2023		
Indication	Neuromyelitis optica spectrum disorder (NMOSD)		
DINs	02478382 02478390 02495724 02498316	Strength & form	Intravenous injection (10 mg/mL)

Non-benefits: avalglucosidase alfa (Nexviazyme™)

PharmaCare has determined the following product will not be covered.

Drug name	avalglucosidase alfa (Nexviazyme™)		
Date effective	October 25, 2023		
Indication	Late-onset Pompe disease (LOPD)		
DIN	02522365	Strength & form	lyophilized powder, 100 mg/vial, for intravenous infusion

New regular benefit compound – quinidine sulfate

Compound name	quinidine sulfate		
Date effective	October 12, 2023		
PIN	66128429	Strength and form	200 mg Capsules
Covered under plans	Fair PharmaCare, B, C, F, W		
Notes:			
<ul style="list-style-type: none"> Coverage is provided for quinidine. Quinidine may be confused with clonidine, quinine Quinidine sulfate 200 mg is reimbursed at \$1.144 per capsule Refer to the compound prescription policy (section 5.13, PharmaCare Policy Manual) for recordkeeping requirements 			

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 treats, please encourage them to visit www.gov.bc.ca/BCyourvoice.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
odevixibat (Bylvay®)	progressive familial intrahepatic cholestasis (PFIC) in patients aged 6 months and older	October 25 to November 21 at 11:59 pm
vutrisiran (Amvuttra™)	polyneuropathy in adult patients with hereditary transthyretin-mediated (hATTR) amyloidosis	October 25 to November 21 at 11:59 pm
clascoterone (Winlevi®)	acne vulgaris in patients 12 years of age and older	October 25 to November 21 at 11:59 pm

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Updates to B.C.'s OUD management guideline and PPP-66

The BC Centre on Substance Use has updated [A Guideline for the Clinical Management of Opioid Use Disorder](#) (OUD). The guideline now includes principles of care and updated recommendations around take-home doses, extended-release buprenorphine for people stabilized on buprenorphine/naloxone, and injectable OAT for adults with severe OUD for whom oral options are not tenable. There is a renewed focus on patient-centered care, Indigenous cultural safety and humility, anti-racist practices, trauma-informed care, harm reduction and more. As well, the guideline shifts away from buprenorphine/naloxone as the recommended first-line treatment, and instead supports collaborative decision-making based on patient circumstances, goals, and clinical experience.

These recommendations reflect updated evidence and clinical experience prescribing OAT in the context of an increasingly toxic unregulated drug supply.

The College of Pharmacists of British Columbia has updated Professional Practice Policy-66 (PPP-66) and the accompanying policy guides to align with these updates.

Key implications for pharmacists include changes to missed-dose policies and changes to the provision of slow-release oral morphine capsules.

Resources

- [A Guideline for the Clinical Management of Opioid Use Disorder \(2023 update\) and summary tables](#)
- CPBC: [New Provincial Guidelines and Professional Practice Policy Updates for Managing OUD](#)
- Professional Practice Policy #66: [Opioid Agonist Treatment \(PPP-66\)](#)
- [Buprenorphine/Naloxone Maintenance Treatment policy guide](#)
- [Methadone Maintenance Treatment policy guide](#)
- [Slow Release Oral Morphine policy guide](#)

Temporary addition in PharmaNet of imported nitroglycerin (glyceryl trinitrate) sublingual spray

Effective November 21, 2023, UK-labelled nitroglycerin (glyceryl trinitrate) 400 mcg sublingual spray was temporarily added as a regular benefit in PharmaNet. Pharmacists are to use PIN 09858317 when entering the product into PharmaNet.

Canada has permitted the exceptional, temporary importation and sale of UK-authorized Glyceryl Trinitrate Sublingual Spray, by Juno Pharmaceuticals Corp., and has added this product to the [list of drugs for exceptional importation and sale](#).

Differences between the UK-labelled product and the Canadian marketed products:

- English only labels
- “Glyceryl trinitrate” is used in the UK product labelling whereas “nitroglycerin” is used in the labelling of the Canadian-marketed products
- The UK-labelled product contains 180 metered doses while the Canadian-marketed products contain 200 metered doses
- The UK-labelled product states “400 mcg per metered dose” whereas the Canadian format for expressing the equivalent strength is “0.4 mg per metered dose”
- The Canadian-marketed products contain peppermint oil as a flavouring agent while the UK-labelled product does not and thus does not have the same peppermint aroma
- The UK-labelled product contains propylene glycol as an excipient, which is not present in the Canadian-marketed products. Due to its propylene glycol content, the UK-labelled product can cause skin irritation

For up-to-date information on any drug shortages, consult [drug shortages Canada](#) and the [PharmaCare drug shortages](#) web pages.



Did you know?

In 2022, vaccination fees totaled to \$30.78 million. In comparison, vaccination fees were \$13.49 million in 2021. That is a 228.17% increase from one year previous!