

BC PHARMACARE NEWSLETTER

Edition 24-011: November 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 evidence exists for using lisdexamfetamine (Vyvanse®) in binge eating disorder in adults and how does this relate to weight loss?

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!



Changes to coverage of Medtronic insulin pumps and supplies

As of October 22, 2024, a client no longer needs to meet additional clinical criteria for coverage of the MiniMed® Insulin Pump System. This means that a client who meets Special Authority criteria for coverage of an insulin pump may choose any of the three covered insulin pumps:

- Omnipod® Insulin Management System manufactured by Insulet, at the cost of \$0
- YpsoPump® manufactured by Ypsomed, at the cost of \$800
- MiniMed® Insulin Pump System manufactured by Medtronic, at the cost of \$6,600

Costs associated with insulin pumps remain subject to a patient's Fair PharmaCare deductible and family maximum, or are covered at 100% for patients enrolled in Plan B, Plan C, Plan F or Plan W.

For additional details about PharmaCare's coverage of insulin pumps, refer to the [Insulin pumps & insulin pump supplies](#) webpage. The updated Special Authority request form for requesting coverage of insulin pumps is available at [Continuous Subcutaneous Insulin Infusion \(Insulin Pump\) \(HLTH 5375\) \(PDF, 473KB\)](#).

The Medtronic MiniMed® 630G insulin pump is no longer a benefit and has been replaced with the updated Medtronic MiniMed® 780G insulin pump under PIN 45230020. Visit the [Diabetes PINs](#) webpage for details.

In addition, PharmaCare now covers the Medtronic MiniMed® Mio™ Advance infusion set under PIN 46340039. Refer to the [Insulin pump supplies PINs](#) webpage for details.

Resources

- [Insulin pumps & insulin pump supplies](#)
- [Continuous Subcutaneous Insulin Infusion \(Insulin Pump\) \(HLTH 5375\) \(PDF, 473KB\)](#)
- [Diabetes PINs](#)
- [Insulin pump supplies PINs](#)

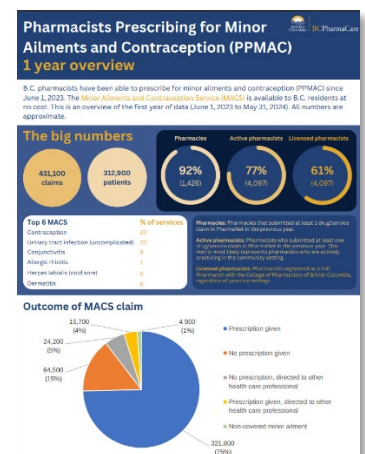
PPMAC one-year overview

An overview of the first year of data (June 1, 2023, to May 31, 2024) for pharmacists prescribing for minor ailments and contraception (PPMAC) is now available. Visit [Pharmacists Prescribing for Minor Ailments and Contraception \(PPMAC\) one-year overview \(PDF, 188KB\)](#) for the data overview.

B.C. pharmacists have been able to prescribe for minor ailments and contraception since June 1, 2023. The Minor Ailments and Contraception Service (MACS) is available to B.C. residents at no cost.

Resources

- [PPMAC one-year overview \(PDF, 188KB\)](#)
- [Pharmacists prescribing for minor ailments and contraception – data](#)



Important: Pharmacies with software using PLR should check prescriber status manually

Pharmacies with software using the Provider Location Registry (PLR) instead of PharmaNet may inadvertently reject a valid prescription due to inadequate information about a provider’s prescribing authority. Prescriber information in the PLR is limited compared to PharmaNet.

If a pharmacy is unsure whether a prescriber is authorized to prescribe, they should search the [College of Physicians and Surgeons \(CPSBC\) registrant directory](#) for the prescriber registration class and use the chart below to determine if prescribing is permitted for that class.

Over time, PLR will replace PharmaNet in pharmacy software as the first source of prescriber information. It is expected that PLR will be updated to provide the best information possible.

 ----- print and post -----

CPSBC member prescribing authority	
Academic – Yes Administrative – No Assessment – No Assessment – specialty – No Assessment – family – No Associate physician: acute care – Yes Associate physician: community primary care – Yes Associate physician: surgical assistant – No Clinical observership – No Conditional: disciplined – Yes Conditional: practice setting – Yes Educational: medical student – No Educational: podiatric surgeon student (resident) – No	Educational: postgraduate (resident elective) – No Educational: postgraduate (trainee) – Yes Emergency: family – Yes Emergency: specialty – Yes Full: family – Yes Full: podiatric surgeon – Yes Full: specialty – Yes Osteopathic – Yes Provisional: family and specialty – Yes Retired: life – No Surgical assistant – No USA Certified – Yes Visitor – Yes
Conditional: Practice limitations – Check with college, depends on individual	

Flu vaccine administration

The [2024-25 flu vaccination campaign](#) has launched. Visit the [Publicly funded vaccines](#) webpage for the list of flu vaccines that are publicly funded and related procedures.

PharmaCare pays a fee when an authorized pharmacist, and in some cases non-pharmacist, administers a publicly funded vaccine.

- The fee for administering a publicly funded vaccine to an eligible B.C. resident is \$12.10
- The fee for administering a COVID-19 vaccine to an eligible B.C. resident is \$18.00

Resources

- [Publicly funded vaccines](#)

Anticipated temporary Paxlovid shortage

Pfizer anticipates there may be a temporary shortage of nirmatrelvir/ritonavir (Paxlovid®) due to increased demand. Re-supplies are expected:

- November 1 – renal impairment dose packs
- November 25 – renal dose and regular dose packs

Pfizer's [guidelines for health professionals](#) explain how to adjust regular dose packs for patients with renal impairment.

To prevent further shortages, pharmacies are asked to avoid stockpiling medication. Ordering restrictions may apply. Pharmacies should visit [Paxlovid – information for health professionals](#) for more information as it becomes available.

The Ministry of Health is working with Health Canada and manufacturers to mitigate the effects of the shortage. The Ministry is in communication with health authorities to inform them that usage of the IV antiviral remdesivir may increase because of the shortage.

Resources

- [Important Safety Information on PAXLOVID – Pfizer, September 30, 2024](#)
- [Paxlovid – information for health professionals](#)

Nurses now prescribing extended-release buprenorphine

Registered nurses (RNs) and registered psychiatric nurses (RPNs) who are certified in opioid use disorder (CP-OUD) can now prescribe and administer extended-release injectable buprenorphine (Sublocade®) as part of diagnosing and treating individuals with moderate to severe opioid use disorder (OUD) who have been stabilized on sublingual buprenorphine/naloxone.

Previously, CP-OUD RNs/RPNs were only authorized to prescribe buprenorphine/naloxone, methadone, and slow-release oral morphine for OUD.

Pharmacists may now receive extended-release injectable buprenorphine prescriptions written by CP-OUD RNs/RPNs. When entering these prescriptions into PharmaNet, pharmacists should enter the prescriber's licence number and use the practitioner reference ID for the claim to adjudicate correctly.

How pharmacies can support OAT care

Pharmacists are expected to dispense opioid agonist treatment (OAT) prescriptions written by certified practice registered nurses (RNs) and registered psychiatric nurses (RPNs). RNs and RPNs can prescribe buprenorphine/naloxone, methadone, slow-release oral morphine (Kadian®), extended-release injectable buprenorphine (Sublocade®), and certain Schedule I or II drugs. Nurses must be certified through the BC College of Nurses and Midwives.

When dispensing, pharmacists must verify that the nurse is identified as a prescriber in PharmaNet. The ID reference code for prescribing nurses is R9 or Y9. The best way to confirm is to search for the practitioner in PharmaNet by first and last name. This may show multiple records; select the most recent record only.

If searching by ID reference code and practitioner ID, use both the prescribing and non-prescribing codes and, if multiple records are found, select the most current only.

Reference ID codes		
	Prescriber ID reference code	Non-prescriber ID reference code (do not fill)
RNs	R9	RX
RPNs	Y9	YX

You may see both ID reference codes for one nurse. Do not fill if the non-prescribing reference code is the most current record. If you have any questions, call the Help Desk at 604-682-7120 (Lower Mainland) or 1-800-554-0225 (rest of B.C.).

Sublocade injections and OAT training

Pharmacists are reminded they can administer Sublocade injections (extended-release buprenorphine). Since injected Sublocade is released over 28 days, this can be an excellent option for clients working or living in rural and remote communities.

Pharmacists can claim the [drug administration fee](#) when injecting Sublocade by entering the drug administration PIN (66128366) in PharmaNet.

The British Columbia Centre on Substance Use (BCCSU) in partnership with UBC Continuing Pharmacy Professional Development (CPPD) released [Practical Administration of Sublocade Injection](#), a free accredited course for all providers. The course provides a brief introduction to product storage, a step-by-step guide to subcutaneous injection, and patient-specific considerations. The course is fully accredited for 0.75 CEUs by UBC CPPD.

PharmaCare requires every pharmacist at a pharmacy that provides OAT to have completed the Opioid Agonist Treatment and Compliance Program for Pharmacy (OAT-CAMPP), developed with the BC Pharmacy Association. For further information, and to register for the training program, please visit [OAT-CAMPP](#).

Pharmacists are also strongly encouraged to review [A Guideline for the Clinical Management of Opioid Use Disorder \(PDF, 2.7MB\)](#), released by BCCSU, BC Ministry of Health, and BC Ministry of Mental Health and Addictions in November 2023.

Nurses celebrate pharmacy providers of OAT care

Here's what some nurses are saying about pharmacy supports available for OAT care:

"I have the privilege of supporting 1:1 sessions with our RN/RPN OUD Certified Practice nurses across Interior Health. This week, many brought up how incredible our community pharmacy partners have been in ensuring clients have access to OAT. They truly are an essential partner in this work, and are essential to the success of nurse prescribing." – Amanda Lavigne, RPN

"Pharmacy was super helpful and very supportive as the client struggled with a Suboxone® induction. The pharmacist would do assessments, check in and call us when the patient was in their pharmacy, and collaboratively, we were able to support the client in titrating to a therapeutic dose. The client ended up developing a great relationship with the pharmacy, overall improving all relationships, experiences and trust with the entire team. We worked closely together and because the relationship improved with the pharmacy locally for the patient, the pharmacist also ended up prescribing other medication for the patient, utilizing their increased scope as well. All in all, it was super successful for the client." – Launa, RN Certified Practice-OUD

"I cannot say enough good things about the [community pharmacies] in Kamloops. The collaboration is incredible. It's hard to pick specific examples – it all just kind of meshes together as one big awesome team. I have to say we are very lucky in Kamloops in this regard. A little bit spoiled, if I may say so." – Kayla RN Certified Practice-OUD

Resources

- [OAT PINs and DINs](#)
- [OAT Compliance and Management Program for Pharmacy \(OAT-CAMPP\)](#)
- [Practical Administration of Sublocade Injection \(UBC\)](#)
- [A Guideline for the Clinical Management of Opioid Use Disorder \(PDF, 2.7MB\)](#)

TI-BCCDC Letter: Minimizing harms of tight glyceimic control in older people with type 2 diabetes

The Therapeutics Initiative recently published a Therapeutics Letter that reviewed the harms of tight glyceimic control in older adults with type 2 diabetes. Visit [TI: Minimizing harms of tight glyceimic control in older people with type 2 diabetes](#) to read the Letter.

Resources

- [TI: Minimizing harms of tight glyceimic control in older people with type 2 diabetes](#)

Pharmacies must switch to new PharmaNet API

Previous PharmaNet connection methods – SpanBC and HNSecure/Client – are being replaced with a more secure connection type, PharmaNet API (application programming interface). All pharmacies and clinical user sites must switch to PharmaNet API to maintain their PharmaNet connection. The timing of your pharmacy’s switch depends on your current connection type. Many clinical sites have already switched to the new PharmaNet API.

PharmaNet API conversion cannot be completed independently. The Ministry of Health and pharmacy software vendors must align a transition date and time to ensure connection to PharmaNet is not disrupted. The Ministry expects most sites to be converted by March 31, 2025.

Pharmacies will be contacted by either the Ministry or their software support team to facilitate the transition. The Ministry is working with software vendors to identify and prioritize sites by current connection type, with SpanBC sites operating on copper circuits being transitioned first.

PharmaNet API supports PPM

PharmaNet API is more secure and will support future software upgrades for Provincial Prescription Management (PPM).

If you have questions about your connection type and conversion date, contact the Ministry at ppm@gov.bc.ca.

Province updates payment software – no action required

On December 8, 2024, the computer software that supports payment of PharmaCare claims is being updated to comply with security standards set by the Office of the Chief Information Officer (OCIO) for critical financial functions. The software for MSP claims is also being updated.

The update does not affect how pharmacies submit claims for PharmaCare payments. However, following the upgrade, payments may be made sooner than the dates indicated in the [payment schedule](#). The schedule's authorized payment dates should be used for claims-related accounting.

If you receive payments by cheque, please be aware that the cheque numbers will be updated to 11 digits from 8 digits.

Resources

- [2024 PharmaCare Provider Payment Schedule \(PDF, 165KB\)](#)

Coverage of NovoRapid continues for Omnipod, Medtronic, Ypsomed, Tandem pumps

NovoRapid® (insulin aspart originator— non-benefit) continues for patients who already have coverage, who are using Omnipod®, Ypsomed, Tandem and Medtronic™ pumps for type 1 and type 2 diabetes. Special Authority coverage will renew automatically for these patients.

Coverage is subject to change pending future reviews of biosimilar insulin aspart formulations. If coverage does change, PharmaCare will provide a transition period during which patients can switch to a biosimilar without losing coverage.

Previously extended to November 30, 2024, coverage is now in place until further notice.

For more information, visit [Biosimilars Initiative for health professionals](#) and watch for future newsletters.

Resources

- [Biosimilars Initiative for health professionals](#)

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 2024	November 4, 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: Vericiguat (Verquvo®)

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

Drug name	Vericiguat (Verquvo®)		
Date	October 15, 2024		
Indication	For the treatment of symptomatic chronic heart failure (HF) in adult patients with New York Heart Association (NYHA) class II to IV chronic HF and ejection fraction less than 45% who are stabilized after a recent heart failure decompensation event requiring hospitalization and/or intravenous diuretic therapy. Verquvo should be used in combination with other standard of care therapies for heart failure.		
DIN	02537044 02537052 02537060	Strength & form	2.5 mg tablet 5 mg tablet 10 mg tablet

Regular Coverage benefits: norethindrone acetate 1 mg/ethinyl estradiol 10 mcg (LOLO[®]) oral contraceptive, and etonogestrel 11.4 mg / ethinyl estradiol 2.6 mg (NuvaRing[®]) slow-release vaginal ring

PharmaCare has added the following contraceptives as regular coverage items under [Plan Z \(Assurance\)](#).

- LOLO is listed as a **full benefit** – PharmaCare will cover the full cost of LOLO under Plan Z
- NuvaRing is listed as a **partial benefit** – PharmaCare will partially cover the cost of NuvaRing up to the maximum price for the LCA category (shared with Haloette[®]) of \$13.54

Refer to the [Low Cost Alternative \(LCA\) and Reference Drug Program \(RDP\) Data Files](#) webpage for a full list of generic drugs within the [LCA Program](#) and their reimbursement limits. For a full list of contraceptives covered by PharmaCare, visit [Contraceptives – information for health professionals](#).

Drug name	Norethindrone acetate 1 mg/ethinyl estradiol 10 mcg (LOLO [®])		
Date effective	October 15, 2024		
DIN	02417456	Form	Oral tablets
Special notes	The manufacturer for LOLO has recently changed to AbbVie Corporation		

Drug name	Etonogestrel 11.4 mg/ethinyl estradiol 2.6 mg (NuvaRing [®])		
Date effective	October 15, 2024		
DIN	02253186	Form	Slow-release vaginal ring

Non-benefit: upadacitinib (Rinvoq[®])

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

Drug name	upadacitinib (Rinvoq[®])		
Date	October 3, 2024		
Indication	For the treatment of moderately to severely active ulcerative colitis (UC) in adults who have demonstrated prior treatment failure, i.e., an inadequate response to, loss of response to, or intolerance to either conventional and/or biologic therapy.		
DIN	02495155 02520893 02539721	Strength & form	15 mg extended-release tablet 30 mg extended-release tablet 45 mg extended-release tablet

Additions to the designated high-cost drugs list

The following drugs are upcoming additions to B.C.'s list of designated [high-cost drugs](#), effective December 5, 2024.

DIN	Chemical description	Product name	Allowable markup
2459795	Omalizumab (150 mg/mL) prefilled syringe	Xolair®	5%
2459787	Omalizumab (75 mg/mL) prefilled syringe	Xolair®	5%
2361825	Eltrombopag olamine 25 mg tablet	Revolade®	5%
2361833	Eltrombopag olamine 50 mg tablet	Revolade®	5%
2506742	Eltrombopag 25 mg tablet	APO- ELTROMBOPAG	5%
2506769	Eltrombopag 50 mg tablet	APO-ELTROMBOPAG	5%
2415690	Macitentan 10 mg tablet	Opsumit®	5%
2412764	Riociguat 0.5 mg tablet	Adempas®	5%
2412772	Riociguat 1 mg tablet	Adempas®	5%
2412799	Riociguat 1.5 mg tablet	Adempas®	5%
2412802	Riociguat 2 mg tablet	Adempas®	5%
2412810	Riociguat 2.5 mg tablet	Adempas®	5%
2293404	Posaconazole 200 mg/5 mL oral suspension	Posanol®	5%
2424622	Posaconazole 100 mg tablet	Posanol®	5%
2496259	Posaconazole 100 mg tablet	Sandoz® POSACONAZOLE	5%
2530333	Posaconazole 200 mg/5 mL oral suspension	Jamp-POSACONAZOLE	5%
2542021	Posaconazole 100 mg tablet	GLN-POSACONAZOLE	5%
2543311	Posaconazole 100 mg tablet	Taro-POSACONAZOLE	5%

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
olopatadine hydrochloride and mometasone furoate nasal spray (Ryaltris [®])	Nasal spray for symptomatic treatment of moderate to severe seasonal allergic rhinitis (hay fever) and associated eye symptoms in adults, adolescents, and children aged 6 years and older	October 30 to November 26 at 11:59 pm
ruxolitinib cream (Opzelura [®])	Topical treatment of mild to moderate atopic dermatitis (AD) in patients 12 years of age and older	October 30 to November 26 at 11:59 pm
Zilucoplan (Zilbrysq [™])	Generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) positive	October 30 to November 26 at 11:59 pm



Did you know?

PharmaNet has been linking health professionals to a provincewide, centralized data system since 1995. Read [PharmaCare Trends 2022/2023 \(PDF, 1MB\)](#) for information about PharmaCare.