

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



Did you know?

From 2019 to 2020, PharmaCare added 181 generic drugs to the PharmaCare formulary.

Find more facts like this in [2019-2020 PharmaCare Trends!](#)



Influenza vaccine campaign begins

The BC Government has launched the 2021-2022 influenza vaccine campaign. As of October 19, community pharmacies may administer [the influenza vaccine](#), as they have in previous flu campaigns.

“I’m grateful to all of our health-care workers, including physicians, pharmacists, nurses, nurse practitioners, and others for how they help people get immunized to protect themselves and those they care about,” said Adrian Dix, Minister of Health.

For the first time, the flu vaccine is being distributed directly to pharmacies across B.C., rather than through the province’s health authorities, with an initial 514,000 doses provided to 1,300 pharmacies in the first two weeks. Pharmacists will receive \$12.10 from PharmaCare for each vaccine administered to a B.C. resident.

This year also, influenza vaccination is free for everyone in B.C. six months and older. Pharmacists are reminded of the age limits for administering vaccines as per the HPA Bylaws [Schedule F Part 4 – Certified Practice – Drug Administration by Injection and Intranasal Route Standards, Limits and Conditions](#).

Last year, pharmacists, health authorities, primary care providers and other partners administered more than 1.5 million doses of influenza vaccine to people in B.C. The province’s target this year is approximately 2.5 million doses.

Influenza and COVID-19 vaccines

Protection against influenza is particularly vital in 2021, due to the unique circumstances of the COVID-19 pandemic.

Pharmacists may need to respond to questions about how the two vaccines may interact. There are no known concerns with interaction between the influenza and COVID-19 vaccines. The influenza vaccine can be administered at the same time as, or any time before or after, a COVID-19 vaccine.

PharmaNet claim entry

To improve patient immunization records in the Provincial Immunization Registry (PIR), vaccination data from PharmaNet is now being extracted to the PIR.

To ensure a complete record in the PIR, pharmacists should now include the vaccine lot number and injection site (arm) when they enter vaccination claims in PharmaNet.

To do so, in the “Directions for Use” field (aka the SIG field), please enter lot number and injection arm (either RIGHT or LEFT), separated by an underscore _. If entering a claim for the FluMist nasal spray, enter lot number and “bilateral,” separated by an underscore. Please don’t enter other information in the SIG field, as the entire content of the SIG field will be included in the PIR.

Immunization administration claim	
SIG field	Example
Lot_SITE	12345_LEFT
For FluMist nasal spray only	
Lot_BILATERAL	12345_BILATERAL

Vaccination claim reminders:

- Record immunizations in PharmaNet on the day they’re given. The date of claim is assumed to be the administration date, and will be used as such for the PIR record

- As PharmaNet data is extracted to PIR to update a patient's immunization record, if a change to a claim is required, please ensure it's back-dated to the original service/administration date
- Prescriber should be entered as the administering pharmacist
- When you submit a claim, PharmaNet will indicate that it's not a benefit and will reject the claim. This is expected. You will still be reimbursed for the service. Do not reverse the claim
- No intervention code is needed for vaccine administration fee claims. You don't need to enter the **DE** intervention code to ensure the patient is not charged, however, do not charge the patient a cost for a publicly-funded vaccination in any circumstance. If the **DE** intervention code has been entered, the vaccination administration fee will still be paid

For more information, see:

- [Ministry of Health news release](#)
- [BCPhA Influenza Immunization Guidance](#)
- [PharmaCare Publicly Funded Vaccines](#) (claims procedure and PINs)

PharmaCare reimbursement increased for prostheses and orthoses

Effective October 8, 2021, PharmaCare increased reimbursement fees for:

- Prostheses for limbs, such as arms and legs
- Non-limb prostheses, such as eyes, ears and noses
- Orthoses for children and youth

This fee increase will help individuals who were unable to pay the difference between PharmaCare's maximum amounts and the provider's fees. It will also help providers, who may incur losses when patients are unable to pay.



The increased coverage is expected to help over 2,500 B.C. residents each year. The [new fee schedule](#) aligns with the Prosthetic and Orthotic Association of British Columbia's 2018 fee guidelines.

PharmaCare covers the labour and material costs related to custom manufacturing and dispensing of a limited number of prostheses and orthoses, subject to the rules of the individual's PharmaCare plan. Prosthetists and orthotists must be enrolled in PharmaCare as device providers to submit claims on behalf of patients.

PharmaCare coverage for prostheses and orthoses aims to improve quality of life by helping B.C. residents maintain basic functionality and prevent further "deformity". Device providers of prostheses and orthoses are not subject to PharmaCare's Full Payment Policy, and so are able to charge more than PharmaCare's maximum.

Device providers: If your application was processed and your approval letter is dated October 5 or 6, 2021, please re-submit your application to have the new fees applied. Note on your application that this is a resubmission due to the fee increase; we will put it at the head of the queue.

“The gap between provider fees and what BC PharmaCare will reimburse has been growing over the years,” said Adrian Dix, Minister of Health. “Prosthetic and orthotic devices help people maintain basic functionality, and increasing the reimbursement amount, in some cases even doubling it, means people who need them will have better access to the devices that can greatly improve their quality of life.” — [More help for British Columbians who need prosthetics, orthotics, October 8](#)

PharmaCare drug shortages alerts

The PharmaCare [Drug Shortages web page](#) now publishes alerts at the top of the page for particularly urgent shortages. Consider subscribing to the page to be notified of new alerts.

Current shortages of drugs covered by PharmaCare are in the [Current Drug Shortages \(.XLS\)](#) list. The list includes PharmaCare-covered alternatives.

[Current Drug Shortages List \(.XLS\)](#)

Provincial Prescription Management (PPM)

Provincial Prescription Management (PPM) is a Ministry of Health project that will fundamentally affect how pharmaceutical care is delivered across the province. PPM is a broad-scale transition to electronic management of prescriptions in PharmaNet, including e-prescribing.



While e-prescribing is not new, the Ministry is approaching it with a new vision for interdisciplinary care. A cornerstone of PPM is enhanced information-sharing across care settings in real time. All members of a patient’s care team will have access to a single comprehensive medication profile, improving prescribing practices, patient safety, and patient outcomes.

The renewed approach to e-prescribing responds to feedback from the health sector. More than 70% of stakeholders consulted identified a pressing need for digital prescription management and full integration of

EMRs with PharmaNet.

Over the last few months, the PPM technical team has worked with pharmacy and EMR vendors to ensure their products will meet new Ministry standards. At the same time, the project team is engaging organizations to best understand how to support end users. Given the scope of this project, a coordinated, collaborative effort between the Ministry and its stakeholders is needed for the clinical implementation and adoption of PPM.

The initial launch of PPM will allow integration of community clinical end user systems (EMRs, pharmacy systems) and, in a later phase, health authority clinical information systems to support transitions in care between acute and community.

Please stay tuned for more detailed project information and updates.

>> If you have questions about the PPM project, or input, please contact:

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Influenza vaccine distribution to pharmacies

Publicly funded influenza vaccines will be distributed directly to pharmacies across B.C. from the pharmacy's primary wholesaler. It is expected that over 1.3 million doses will be distributed to pharmacies this year.

This change in vaccine distribution will increase efficiency and ensure that enough supply is provided to pharmacies to meet public demand. As a result, pharmacies will also have more time to prepare for vaccine administration.

When ordering your pharmacy's vaccine supply, please keep in mind what you have historically used and/or ordered for your pre-booked appointments. More supply will be distributed throughout the influenza season.

Note: Pharmacies must not administer any publicly influenza vaccines until the program start date (to be announced), unless providing immunization services to residents of long-term care or assisted living facilities. Pharmacies that start administering before this date may not be provided with an additional supply.

>> See [Influenza Immunization Guidance For B.C. Pharmacies](#) for more information.

>> See [Publicly Funded Vaccines](#) for information about seasonal influenza vaccine PINs for 2021/2022.

COVID-19 immunization records not showing up

There have been reports of pharmacy-administered COVID-19 vaccinations not showing up on patient vaccination records. Please be aware IT is working to correct this issue.

If a client thinks their COVID-19 immunization record is wrong, ask them to:

- Call the BC Covid-19 Vaccination Line at 1-833-838-2323, and say they were vaccinated at a pharmacy, or
- Submit an update at www.immunizationrecord.gov.bc.ca. Note: Updates take about 4 to 7 days to process.

OAT-CAMPP training deadline passed

As of October 1, 2021, all pharmacists at a pharmacy enrolled in the OAT provider subclass must have completed BC Pharmacy Association's [Opioid Agonist Treatment Compliance and Management Program for Pharmacy \(OAT-CAMPP\)](#), as specified by the [Provider Regulation](#) and the College of Pharmacists [Professional Practice Policy 66](#).

Your pharmacy may only claim a fee for witnessed ingestion of methadone where witnessed by a pharmacist who has completed the training.

In addition, if pharmacists at your pharmacy did not complete the training program before October 1, you will need to request a temporary exemption in order to retain your status as a PharmaCare OAT sub-class provider. Contact HIBC Information Support to request an application for the exemption. Requests for an application must be received by HIBC before 5:00PM PST on October 22nd.

Exemptions are per pharmacy (enrolled provider), not per pharmacist, and last for a limited time only. More details will be provided in the application form.

Pharmacists who have not completed the training should do so as soon as possible.

As a reminder, if your pharmacy does not have OAT-CAMPP trained pharmacists to provide OAT services, controlled prescriptions may now be transferred between pharmacies, and you may coordinate patient care with another pharmacy of the patient's choice.

During the ongoing opioid overdose crisis, it is in the public interest to maintain patient OAT treatment wherever possible.

Special Authority backlog update

As noted in [PharmaCare Newsletter 21-007](#), the BC PharmaCare Special Authority team is experiencing a higher-than-normal volume of requests.

To help alleviate this backlog, you can consult existing tools to determine if a Special Authority request is needed:

- The [Special Authority drug list](#) includes eligible limited coverage products, with links to eligibility criteria and request forms
- The [Formulary Search](#) identifies which PharmaCare plans cover which benefits
- The [Reference Drug Program web page](#) links to coverage criteria for (fully covered) reference drugs, which are as equally safe and effective as (partially covered) non-reference drugs. Pharmacists seeing patients on non-reference medications may want to explore a prescription adaptation

For prescribers

It may also be helpful to note that Special Authority requests are returned if they are incomplete, which can also contribute to delays. Be sure to:

- Complete all fields
- Write legibly
- Sign form
- Include diagnosis
- Submit a request once only. A second request is processed as a new request

Please do not fax requests for status updates (this will slow down processing of requests that have been received). Instead, use the PharmaCare Medical Practitioner Line (toll-free: 1-866-905-4912).

Joint message on ivermectin in prevention and treatment of COVID-19

The Provincial Health Officer, the College of Pharmacists of BC (CPBC), the College of Physicians and Surgeons of BC, and the BC College of Nurses and Midwives have published a joint message about ivermectin in the prevention and treatment of COVID-19. Social media misinformation has possibly led to a current shortage of oral ivermectin.

These regulatory bodies wish to warn against using products approved for veterinary use in humans, and underscore the adverse effects that may follow. Ivermectin is approved for human use only for parasitic infections (oral) and rosacea (topical), not COVID-19.

For more information, see the [joint message at the CPBC's website](#).

FNHA Partnership series: Coming Together for Wellness

Pharmacists and other PharmaCare providers serve many unique ethnicities and cultures including First Nations and other Indigenous peoples. 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 build cultural safety and humility in pharmacies across B.C.

Coming Together for Wellness will:

- Give a brief history of First Nations health care in B.C. and Canada
- Introduce the concepts of cultural safety and humility, and
- Offer resources to help providers better support First Nations clients

The health care landscape for First Nations has changed significantly over the past few decades. In 2005, B.C. First Nations, the Province of B.C. and Canada signed the [Transformative Change Accord](#) (PDF), based on mutual recognition, respect, and accountability. This document, and further health plans and agreements, commit to improving health and wellness outcomes for First Nations in B.C. The FNHA was created out of this partnership to increase First Nations' involvement in the design and delivery of B.C. health services.

Two years ago, the Province further strengthened its commitment to B.C. First Nations by passing [Bill 41](#). The Province must now implement the [UN Declaration on the Rights of Indigenous Peoples](#) ("the Declaration") in its institutions, laws, policies and practices. The Declaration sets standards for "the survival, dignity and well-being of the Indigenous peoples of the world."

But work is still needed. Following allegations of Indigenous-specific racism in B.C. emergency departments, the B.C. Minister of Health commissioned an independent review. [In Plain Sight](#) captured the experiences and health data of more than 185,000 First Nations and Métis patients. The 2020 report identified widespread, systemic Indigenous-specific racism throughout the B.C. health care system. The reviewers found that racism and discrimination compromises medical care and negatively affects the health and wellness of Indigenous peoples.

It's time for health care professionals to come together with Indigenous peoples to build a partnership of care and to strive for greater wellness.

Next in Coming Together for Wellness: A brief history of First Nations in Canada.

Know the difference

Cultural safety is an outcome.

It is an environment free of racism and discrimination, where people feel safe. It is based on respectful engagement that recognizes and addresses power imbalances.

Cultural humility is a process of self-reflection.

It involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Indigenous

All First Nations, Inuit, and Métis people in Canada.

First Nation(s)

Indigenous Peoples within Canada who do not identify as Métis or Inuit.

Métis

Nation-specific, a communal identity, not for describing mixed-descent people.

Racism

A belief that one group is superior to others. Openly displayed in racial jokes, slurs or hate crimes. Rooted in attitudes, values and stereotypical beliefs.

Discrimination

The illegal expression of racism. Any action, intentional or not, that singles out people based on their race/culture, and imposes burdens on or withholds or limits access to benefits available to others.

Limited Coverage Benefits

Limited coverage listings are for benefits which require Special Authority approval based on eligible criteria.

Limited coverage for adalimumab (Hyrimoz®) has been extended to add pediatric Crohn's Disease as an indication:

Drug name	adalimumab (Hyrimoz®)		
Date effective	October 1, 2021		
Indication	ankylosing spondylitis, Crohn's disease (including pediatric), hidradenitis suppurativa (for adults), plaque psoriasis (for adults), polyarticular juvenile idiopathic arthritis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis		
DIN	02505258	Strength and form	20 mg/0.4 mL syringe
	02492156		40 mg/0.8 mL pen injector
	02492164		40 mg/0.8 mL syringe
Covered under Plans	Fair PharmaCare, B, C, F, W		

Limited coverage for adalimumab (Idacio®) has been extended to include a pre-filled syringe dosage form:

Drug name	adalimumab (Idacio®)		
Date effective	October 1, 2021		
Indication	ankylosing spondylitis, Crohn's disease, hidradenitis suppurativa (for adults), plaque psoriasis (for adults), polyarticular juvenile idiopathic arthritis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis		
DIN	02502674	Strength and form	40 mg/0.8 mL pen injector
	02502682		40 mg/0.8 mL pre-filled syringe
Covered under Plans	Fair PharmaCare, B, C, F, W		

Drug name	iron (III) isomaltoside 1000 (Monoferric)		
Date effective	October 6, 2021		
Indication	Treatment of iron deficiency anemia		
DIN	02477777	Strength and form	100 mg/mL vial
Covered under Plans	Fair PharmaCare, B, C, F, W		

Effective October 6, iron sucrose (Venofer) and its generic are **modified** from a regular benefit to a **limited coverage benefit**:

Drug name	iron sucrose (Venofer) and PMS-iron sucrose (generic)		
Date effective	October 6, 2021		
Indication	Treatment of iron deficiency anemia		
DIN	02243716	Strength and form	100 mg/5 mL vial
	02502917		100 mg/5 mL vial
Covered under Plans	Fair PharmaCare, B, C, F, W		