

BC PHARMACARE NEWSLETTER

Edition 23-010: October 2023

Table of Contents

Cultural safety and humility for First Nations clients in pharmacy practice	2
Pharmacists prescribing in health authorities and primary care networks	2
Mandatory and optional training	3
Scope of Practice Corner	3
MACS monitoring and evaluation update	3
What B.C. pharmacists are saying about providing MACS	4
Improved BC Palliative Care Benefits form	4
About the form	5
Pharmacies urged to secure RAT kit supply	5
Extended RAT kit expiry dates	6
RAT kit payment update	6
Ozempic® shortage	7
Policy Spotlight	7
Formulary and listing updates	7
Limited Coverage benefit: amifampridine phosphate (Firdapse®).....	7
Non-benefit: ravulizumab (Ultomiris®)	8
Your Voice: Input needed for drug decisions	9

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'ya's 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: Should adults take 2000 IU of vitamin D daily to prevent fractures?

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!



Cultural safety and humility for First Nations clients in pharmacy practice

The UBC Faculty of Pharmaceutical Sciences has released **Building Cultural Safety and Humility for First Nations Clients into Pharmacy Practice**, which contains two educational courses.

The courses were developed to help pharmacy team members address systemic anti-Indigenous racism and barriers to healthcare access in pharmacy care settings and is part of a collective effort to reduce experiences of culturally unsafe care for First Nations clients across the B.C. healthcare system.

The stand-alone courses are intended for anyone working in pharmacy practice – pharmacist, pharmacy technician, pharmacy assistant, etc. There is no cost.

The courses are self-directed online learning. Each course is 2 hours long but can be completed in multiple sittings.

Course links:

- [Cultivating Relationships and Creating Safer Spaces in Pharmacy for First Nations Clients](#)
- [A Case-Based Approach for Pharmacy Teams on Providing CARE for First Nations Clients](#)

Pharmacists prescribing in health authorities and primary care networks

B.C. pharmacists in all clinical settings have the authority to prescribe for [21 minor ailments and contraception](#), as of June 1, 2023. Pharmacist prescribing launched on June 1 this year as part of a suite of expansions to improve primary care capacity and patient access to care; earlier in 2022, pharmacists were enabled to adapt and renew a wider range of medications, and to administer a wider range of drugs by injection or intranasally.

Community pharmacies that are enrolled in PharmaCare receive a fee for each assessment under the Minor Ailments and Contraception Service (MACS), but pharmacists in health authorities and primary care networks can also leverage their expertise to prescribe within the guidelines of the Pharmacists Regulation and College of Pharmacists of BC's Standards, Limits, and Conditions, and under the terms of employment in their respective health authorities and primary care networks.

Pharmacists that receive a prescription from another pharmacist should fill the prescription as usual and enter the prescribing pharmacist's name in PharmaNet as the prescriber and 'PS – Professional care service' in the intervention code.

Example: Sally, a pharmacist working in a primary care network, sees a patient for a medication management consult and prescribes an NSAID to manage musculoskeletal pain. The patient takes the prescription to her community pharmacy of choice. The community pharmacist, Theo, then fills the prescription as usual, with Sally as the prescriber and the 'PS' intervention code. Theo does not submit a claim for a MACS assessment.

Mandatory and optional training

There is one mandatory training requirement for prescribing: the College of Pharmacists of BC's [PPMAC Regulatory Education module](#).

UBC also offers **all licensed B.C. pharmacists** free accredited clinical education modules on several minor ailment conditions, through the Continuing Pharmacy Professional Development program (CPPD). Three new accredited courses are available as of August 15:

- MACS: Tobacco Use Disorder
- MACS: Case-based Learning – Contraception
- MACS: Case-based Learning – Emergency Contraception

To access these modules, visit the [UBC MACS on Canvas course catalog](#).

Resources:

- List of ailments, professional practice policy, training information, and more, on the College's website: www.bcpharmacists.org/ppmac
- More about PharmaCare's MACS: www.gov.bc.ca/minorailments

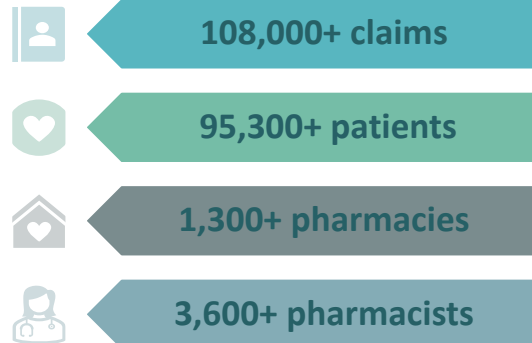
Scope of Practice Corner

MACS monitoring and evaluation update

The Ministry is continuously monitoring and evaluating MACS.

Between June 1, 2023 and September 5, 2023:

- More than 108,000 MACS
- More than 95,300 patients received MACS
- More than 1,300 pharmacies provided MACS (85% of community pharmacies*)
- More than 3,600 pharmacists provided MACS, approximately 54% of licensed B.C. pharmacists, or 69% of active community pharmacists*
- The greatest number of assessments were for:
 - urinary tract infections (uncomplicated)
 - contraception
 - allergic rhinitis
 - conjunctivitis
 - dermatitis



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

What B.C. pharmacists are saying about providing MACS

The Pharmaceutical, Laboratory and Blood Services Division welcomes comments from pharmacists and other health professionals about MACS and other recent scope of practice changes. Here a few comments we've received:

"Our customers really appreciate being able to see a pharmacist for treatment of their minor ailment conditions in a timely manner. In most cases, we are able to see the patient right away or within an hour. We also work collaboratively with the urgent care clinic. They are referring patients with uncomplicated urinary tract infections to our pharmacy, so that they can see more patients that day. This collaboration improves the capacity of the health care system and the health care of our patients, allowing the more complicated patients to be seen at urgent care." – a Langford pharmacist

Providing MACS "feels normal," says a pharmacist who specializes in treatment of headaches. "This is what I was trained to do." The pharmacist says he has provided so many assessments, he has lost count (but they are all recorded!).

"MACS follow-up is the best part of my day," says a Tofino pharmacist, adding that people really appreciate the calls.

What has the experience of providing MACS meant to you and your clients? Let us know at PharmaCareInfo@gov.bc.ca

Improved BC Palliative Care Benefits form

The [BC Palliative Care Benefits Registration form](#) is now easier to complete and more inclusive. The form was streamlined and re-organized with input from health authority partners and health providers.

Significant updates include:

- Removal of "other diagnosis" field; primary diagnosis is sufficient
- More options for patient gender
- SPICT™ (Supportive & Palliative Care Indicators Tool) section updated to recent version of SPICT
- SPICT indicators now checked off, no longer cross-referenced and entered manually
- "Active" form (form fields) on page 1; general information follows
- Shorter and easier to read:
 - 33% fewer words; 18 fewer paragraphs; 50 fewer (20% shorter) sentences
 - plain language; [reading level](#) lowered by two grades
- Links to web page where the 2020 My Voice Advance Care Planning Guide is available in 11 languages or as a video (previously only linked to English version)

By the numbers

1,300: Average number of BC Palliative Care Benefits Registration forms submitted each month

15,586: Number of beneficiaries in 2021-2022

2005: The year BC PharmaCare starts funding and administering Plan P

New BC Palliative Care Benefits Registration form

- “Other diagnosis” field removed
- SPICt indicators now checked off
- More options for patient gender
- Easier to complete

Live on October 4, 2023. Please use the new [BC Palliative Care Benefits Registration Form \(HLTH 349\)](#) and discard copies of the old version. Read about [BC Palliative Care Benefits](#)



About the form

Medical and nurse practitioners use the form to register B.C. residents to receive palliative care where they live. Care includes 100% coverage of eligible prescription and over-the-counter drugs through [PharmaCare’s Palliative Care Drug Plan \(Plan P\)](#) and medical supplies and equipment provided by a local health authority following an assessment.

The previous form, created in 2015, was often submitted with missing information, which could delay coverage for people needing palliative care medications. Streamlining the form aligns with the Ministry’s Service Plan, which calls for “improving accessibility, responsiveness, and quality of community-based palliative care, hospice and home-based care to support those at the end of life.”

The form is available as of October 4, 2023. Please use the new version of the form and discard any copies of the previous version you may have on hand.

Resources

- View the new [BC Palliative Care Benefits Registration form \(HLTH 349\)](#)
- Read about [PharmaCare’s Palliative Care Drug Plan \(Plan P\)](#)

Pharmacies urged to secure RAT kit supply

B.C. has ample supply of RAT kits available for order by pharmacies through their distributor, on a weekly basis.

Pharmacies, especially those in rural areas, are encouraged to check their inventory of COVID-19 rapid antigen test (RAT) kits in anticipation of a continued rise in COVID-19 cases. Demand for RATs is on the rise in B.C., alongside a surge in COVID-19 cases.

Community pharmacies enrolled as PharmaCare providers may claim a fee for distributing publicly funded RAT kits and instruction sheets to clients. Kits can be given to anyone 18 and over. They do not need to be a B.C. resident and do not need to show ID. They may collect a kit for another person. Kits should always be distributed at no charge.

The [BC Centre for Disease Control instruction sheet](#) can be printed off in several languages. The instruction sheet in the kits is difficult to read – small font size and written for a clinical audience. A pharmacy may also provide a QR code that links to the BCCDC instruction sheet.

Extended RAT kit expiry dates

As mentioned in the previous PharmaCare Newsletter, Health Canada is extending some RAT kit expiry dates.

All lot numbers of Artron rapid tests have been extended by 6 months. Let customers know that they can add 6 months to the expiration date shown on the Artron package.

Anyone can check the expiration date of a given kit through the manufacturer's listing in the table on Health Canada's web page, [Authorized medical devices for uses related to COVID-19](#).

For other expiry date information, refer to the [BC Centre for Disease Control COVID-19 website](#).

Expired tests that have not been extended should not be used and may be disposed of in regular waste.

Resources

- [RAT kit distribution \(section 8.15, PharmaCare Policy Manual\)](#)

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
July 2023	October 3, 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 \(PDF\)](#)

Ozempic® shortage

There is currently a shortage of the Ozempic® 1 mg pen, but **not** of Ozempic 0.25 mg or 0.5 mg pens. Product continues to be manufactured and shipped, but intermittent supply issues are expected until the end of October. A shipment of Ozempic is expected to arrive in B.C. in early October and the situation will steadily improve throughout the month.

While there is no shortage of the lower doses, there is not enough supply to accommodate patients on the 1 mg dose. Pharmacists are encouraged to limit refills to a 30-day supply. Please encourage patients to contact their pharmacy well before running out.

Temporary coverage for dulaglutide (Trulicity®) is available to help mitigate this shortage. Patients should be evaluated on an individual basis with close clinical monitoring. Pharmacists [can adapt](#) most prescriptions in the pharmacy and do not need to consult with the prescriber. An adaptation may be done when a drug is unavailable due to supply shortage.

Resources

- Consult [the supply and use of Ozempic](#) for more information
- [Canadian Pharmacist Association Ozempic supply](#)
- [Type 2 diabetes medication available in Canada and PharmaCare coverage \(PDF, 271KB\)](#)

Policy Spotlight

18+

PharmaNet can only be accessed by people age 18 or older

pharmacy technicians
pharmacy assistants
pharmacy students
student nurses...

must be 18 or older

Reminder: PRIME is the only way to request access to PharmaNet

Policy Spotlight: Minimum age for PharmaNet access

Formulary and listing updates

Limited Coverage benefit: amifampridine phosphate (Firdapse®)

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

Drug name	amifampridine phosphate (Firdapse®)		
Date effective	September 7, 2023		
Indication	For the symptomatic treatment of patients with Lambert-Eaton myasthenic syndrome (LEMS) who are 18 years of age and older		
PINs	02502984	Strength & form	10 mg tablet of amifampridine base

Non-benefit: ravulizumab (Ultomiris®)

The Ministry of Health reviewed ravulizumab (Ultomiris®) for two indications:

- 1) Paroxysmal nocturnal hemoglobinuria
- 2) Atypical hemolytic uremic syndrome to inhibit complement-mediated thrombotic microangiopathy

Based on these reviews, the Ministry decided not to fund ravulizumab for either indication, because ravulizumab does not provide any clinical benefits over existing comparators. The Ministry's decision is effective September 22, 2023.

Drug name	ravulizumab (Ultomiris®)		
Date effective	September 22, 2023		
Indication	<ul style="list-style-type: none"> • treatment of paroxysmal nocturnal hemoglobinuria • treatment of atypical hemolytic uremic syndrome to inhibit complement-mediated thrombotic microangiopathy 		
DINs	02491559 02533448 02533456	Strength & form	10mg/mL and 100mg/mL concentrate for solution for intravenous injection

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
tralokinumab (Adtralza®)	atopic dermatitis (AD) in patients 12 years and older	September 27 to October 24 at 11:59 pm
avatrombopag (Doptelet®)	chronic immune thrombocytopenia (ITP) in adults	September 27 to October 24 at 11:59 pm
upadacitinib (Rinvoq®)	Crohn's disease in adults	September 27 to October 24 at 11:59 pm



Did you know?

PharmaCare introduced the [Children in the At Home Program \(Plan F\)](#) in 1989, to support children with complex disabilities to live at home by assisting the children's families with the cost of the child's medications.