

# BC PHARMACARE NEWSLETTER

Edition 22-009: Sep 7, 2022

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 B.C.'s healthcare 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. Healthcare 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)

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**Q:** Have you subscribed to PAD Refills?

**A:** Subscribe to receive an email notice the moment the monthly newsletter is published. Go to [PAD Refills](#) and enter your email in the Subscribe box to the right. You will also find all 16 editions of PAD Refills for some late summer reading until the September edition hits the stands.

## Special Authority eForms launched to community practice

Prescribers in private community practice can now submit Special Authority requests online. The new SA eForms system means fewer faxes, shorter wait times, and a generally more robust, secure and efficient process. eForms are available for all drugs on the SA drug list.

Users first enrol in the government's Provider Identity Portal (PidP), using the BC Services Card app. By enrolling in PidP, providers create a secure digital identity that allows access to several provincial health programs, including the eForms platform. The new SA eForms web page has full information, including video tutorials and links to the platforms.

### eForms access coming soon to community pharmacies

Community pharmacists will be able to access SA eForms soon. Pharmacists can enrol in PidP now in preparation. Watch the newsletter for the eForms launch date for community pharmacists.

Pharmacists are able to request SA coverage when prescribing OTC medications, adapting for first-line ARBs or PPIs, applying for exceptional Plan Z coverage, dispensing vancomycin following a patient's hospital stay, and when working in a clinical setting in collaboration with a prescriber.

#### eForms advantages over paper forms submitted by fax

- Automatic adjudication for some drugs
- Confirmation that your request was received
- Fields that auto-complete with name, contact, etc.
- Criteria easily selected from dropdowns
- Patients can track requests in [Health Gateway](#)
- Fewer faxes!

### Notes for eForms users – exceptional coverage, unused accounts, fax number entry

To request exceptional coverage for a medication not on the SA drug list, select "Other" in the Select medication dropdown in the eForms platform.

eForms accounts are deactivated if unused for 90 days. To reactivate your account, contact [eformsenrolment@phsa.ca](mailto:eformsenrolment@phsa.ca)

Prescribers currently must enter their fax number by hand as some work at multiple locations and this helps ensure that patient confidential medical information is sent to the right location. This extra step for prescribers is for the short-term only; the next phase of the project will have decisions sent digitally.

### Resource

- New! [Special Authority eForms web page](#)

## September payment for distribution of rapid antigen test kits

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The September 6, 2022, weekly payment includes the June 2022 fees for distributing rapid antigen test (RAT) kits. The payment appears on the Pharmacy Remittance Advice Form under the adjustment code “7–Manual Payment.”

As announced in PharmaCare Newsletter 22-004, pharmacies receive \$75.00 for every case they distribute of an Artron or BTNX COVID-19 rapid antigen test (RAT) kit, as of April 11, 2022. Claims are recorded with the PIN 66128338 for Artron and the 66128325 for BTNX.

Pharmacies are encouraged to order more RAT kits to maintain sufficient stock.

## 14-day dispense for emergency evacuees

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As of September 6, 2022, PharmaCare is providing Plan C coverage for 14-day dispenses to people evacuated from their homes due to emergencies such as fire and flood. The evacuee must attest that they urgently need the medication and are facing financial hardship due to the evacuation.

BC Emergency Support Services (ESS) will distribute the Emergency BC PharmaCare Coverage for B.C. Evacuees (HLTH 5440) form to evacuees. Evacuees will enter their contact information and PHN and sign to attest to their evacuee status, urgent need for medications, and financial hardship. They will present the form at a community pharmacy.

Pharmacists will enter their College ID and call Health Insurance BC to activate coverage. If a medication cannot be dispensed as a 14-day supply, they should dispense the closest pack size. Full instructions are on the form. Retain the form in your records with the associated prescriptions.

PharmaCare expects very few evacuees will need emergency dispenses.

## Updates to Awards and Settlements form

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On August 8, 2022, PharmaCare’s Eligibility – Awards and Settlements (HLTH 5467) form was updated to make the questions about settlements easier to understand. Patients complete the Awards and Settlements form when applying for coverage for an orthotic or prosthetic device and/or related supplies.

Please replace your office templates with the new version. The updated form is available online:

- [PharmaCare’s Eligibility Awards and Settlements \(HLTH 5467\)](#)

## Nurses registered in B.C. can administer influenza vaccines

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Pharmacies may contract nurses to administer influenza vaccinations. Any nurse administering an influenza vaccine in a B.C. pharmacy must be licensed by the B.C. College of Nurses and Midwives (BCCNM); i.e., they must be an active registrant of that college. Pharmacies can claim the vaccine administration fee of \$12.10 when the vaccine is administered by a nurse.

## Reminder: “SA” intervention code for refill, part-fill and new prescriptions

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Pharmacists are reminded to add “SA” (safer alternative) intervention code in PharmaNet when entering refills, part-fills, renewals and new prescriptions for harm reduction drugs prescribed as an alternative to the toxic street supply (for risk mitigation or as a safer supply option).

If the prescriber neglected to add “SA” to the original prescription, but you confirmed – with the prescriber or the patient – that it was for safer supply, remember to add “SA” during processing.

If a prescriber uses a different notation (e.g., RMG, “safer supply”), also enter the SA code.

Since [January 2022](#), prescribers have been noting “SA” in the Directions for Use section of safer supply prescriptions. Pharmacists then record “SA” in PharmaNet when entering the prescription.

Since most prescribed alternatives to the toxic, illicit drug supply are also used for other indications (e.g., pain), identifying prescriptions as SA allows programs run by the BC Centre on Substance Abuse, the Ministry of Mental Health and Addiction, and the Ministry of Health to monitor, evaluate, and better mitigate the opioid public health emergency.

### Resources and list of relevant drugs

- [New Procedures for Harm Reduction Prescriptions](#) – College of Pharmacists of BC
- [January 2022 PharmaCare Newsletter](#)

## Special Authority renewals increased to 3 years for most botulinum coverage

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The Special Authority renewal periods for botulinum coverage for the treatment of spasmodic torticollis, blepharospasm, strabismus, equinus foot deformity, and focal spasticity are extended to 3 years. Previously, the renewal period was 1 year. Only the renewal periods for botulinum treatment of overactive bladder (OAB) and urinary incontinence (UI) remain at 1 year.

The extension of the coverage renewal period will mean less work for prescribers— fewer renewal applications—and improved coverage continuity for patients.

Updated Special Authority criteria pages:

- [abobotulinumtoxinA](#)
- [botulinum neurotoxin type A, free from complexing proteins, also known as incobotulinumtoxinA \(Xeomin®\)](#)
- [botulinum neurotoxin type A, with complexing proteins, also known as onabotulinumtoxinA \(Botox®\)](#)

## Limited coverage benefits

Effective August 18, 2022, the following adalimumab biosimilars are covered as PharmaCare limited coverage benefits.

<b>Drug name</b>	adalimumab biosimilar (Abrilada®)		
<b>Date effective</b>	August 18, 2022		
<b>Indication</b>	Rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease, ulcerative colitis, hidradenitis suppurativa for adults and plaque psoriasis.		
<b>DIN</b>	2511061	<b>Strength and form</b>	20mg/0.4mL prefilled syringe
	2511053		40mg/0.8mL prefilled syringe
	2511045		40mg/0.8mL prefilled pen
<b>Covered under plans</b>	Fair PharmaCare, B, C, F, W		

**Note:** Abrilada 20 mg (DIN 02511061) is not included due to supply issue, but will be added at a future date.

<b>Drug name</b>	adalimumab biosimilar (Simlandi™)		
<b>Date effective</b>	August 18, 2022		
<b>Indication</b>	Rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease, ulcerative colitis, hidradenitis suppurativa for adults and plaque psoriasis.		
<b>DIN</b>	2523949	<b>Strength and form</b>	40mg/0.4mL pre-filled syringe
	2523965		80mg/0.8mL pre-filled syringe*
	2523957		40mg/0.8mL autoinjector
<b>Covered under plans</b>	Fair PharmaCare, B, C, F, W		
*Simlandi 80 mg's non-RDP code (9901-0413) is different from the other adalimumab biosimilars (9901-0372)			

<b>Drug name</b>	adalimumab biosimilar (Yuflyma™)		
<b>Date effective</b>	August 18, 2022		
<b>Indication</b>	Rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease, ulcerative colitis, hidradenitis suppurativa for adults and plaque psoriasis.		
<b>DIN</b>	2523779	<b>Strength and form</b>	40mg/0.4mL pre-filled syringe
	2523760		40mg/0.4mL pre-filled pen
<b>Covered under plans</b>	Fair PharmaCare, B, C, F, W		

On August 18, 2022, coverage of Hulio® was extended to a new dosage:

<b>Drug name</b>	adalimumab biosimilar (Hulio)		
<b>Date effective</b>	August 18, 2022		
<b>Indication</b>	Rheumatoid arthritis, polyarticular juvenile idiopathic arthritis, ankylosing spondylitis, psoriatic arthritis, Crohn's disease, ulcerative colitis, hidradenitis suppurativa for adults and plaque psoriasis.		
<b>DIN</b>	2502380	<b>Strength and form</b>	20mg/0.4mL pre-filled syringe
<b>Covered under plans</b>	Fair PharmaCare, B, C, F, W		

## Non-benefits

As of August 16, 2022, PharmaCare has determined the product below will not be covered for the treatment of schizophrenia in adults.

<b>Drug name</b>	risperidone extended release (Perseris®)
<b>Date effective</b>	August 16, 2022
<b>DINs</b>	02507838 02507846

As of August 18, 2022, PharmaCare has determined the product below will not be covered for the induction and maintenance of clinico-pathological remission in adults with eosinophilic esophagitis (EoE).

<b>Drug name</b>	budesonide (Jorveza™)
<b>Date effective</b>	August 18, 2022
<b>DIN</b>	02493675



Did you know?

The average days' supply per Fair PharmaCare claim is 24 days.  
Find more stats like this in [2020/2021 PharmaCare Trends](#).

## 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 [www.gov.bc.ca/BCyourvoice](http://www.gov.bc.ca/BCyourvoice).

Input is currently needed for the following:

<b>DRUG</b>	dalbavancin (Xydalba®)
<b>INDICATION</b>	acute bacterial skin and skin structure infections, adults
<b>INPUT WINDOW</b>	August 31 to September 28, 2022

<b>DRUG</b>	tezepelumab (Tezspire™)
<b>INDICATION</b>	asthma, adults and adolescents 12 years and older
<b>INPUT WINDOW</b>	August 31 to September 28, 2022

<b>DRUG</b>	upadacitinib (Rinvoq®)
<b>INDICATION</b>	ulcerative colitis, adults
<b>INPUT WINDOW</b>	August 31 to September 28, 2022

<b>DRUG</b>	guselkumab (Tremfya®)
<b>INDICATION</b>	psoriatic arthritis, adults
<b>INPUT WINDOW</b>	August 31 to September 28, 2022

<b>DRUG</b>	mepolizumab (Nucala)
<b>INDICATION</b>	severe chronic rhinosinusitis with nasal polyps, adults
<b>INPUT WINDOW</b>	August 31 to September 28, 2022

<b>DRUG</b>	lumasiran (Oxlumo®)
<b>INDICATION</b>	primary hyperoxaluria type 1 (PH1) in adults and pediatric patients
<b>INPUT WINDOW</b>	August 31 to September 28, 2022

## FNHA Partnership series: Coming Together for Wellness

This article is the last of a 10-article series by the Ministry of Health and the First Nations Health Authority (FNHA) to increase awareness of First Nations issues and build cultural humility and safety in B.C.'s health system. The collected articles have been published in single document [here](#).

### Article #10: Envisioning a culturally safe health care system

Pharmacists play an indispensable role in realizing the vision of a culturally safe health care system.

As this series has shown, First Nations people continue to experience colonialism in health care settings. They are often excluded from decision-making about their own health and wellness and frequently experience stigma, racism and discrimination in health care interactions. As a result, many First Nations people distrust and avoid the health system, leading to adverse health outcomes and disparities.

The B.C. health care system is adopting and integrating cultural safety and humility into everyday health care provider practice through changes to legislation and new practice standards, such as:

- [Declaration on the Rights of Indigenous Peoples Act](#)
- [Cultural Safety and Humility Practice Standard](#)
- [College of Physicians and Surgeons of BC Consent to Treatment Practice Standard](#)

Pharmacists are well positioned to meaningfully align their practice with these standards and legislation when providing care to First Nations individuals. This is a critical step toward repairing the disrupted relationship between First Nations people and the health care system.

“Pharmacists have an opportunity to become leaders in the movement for health care that prioritizes cultural safety and humility, because they work so closely with First Nation community members,” says Jennifer Smith, member of Tlowitsis First Nation, Grandmother of three, and Community Relations Manager at the First Nations Health Authority (FNHA).

“The vision of a culturally safe health care system calls on pharmacy professionals to continue on the lifelong journey of self-reflection, learning and unlearning so that everyone feels safe when receiving care.”

Pharmacists are encouraged to:

**Respect cultural beliefs and values:** Interact respectfully with First Nations clients and consider how their beliefs, values, culture and experiences affect their health care decisions. Use a [trauma-informed lens](#) and be aware that historical health care experiences impact health behaviours and access to present-day care. [Article 9](#) highlights the efforts some pharmacists take to learn about the culture of the communities they serve.

**Be open-minded and continuously learn:** [Article 3](#) highlights some cultural safety and humility training resources for B.C. health professionals as a starting point. Pharmacy professionals have the opportunity to continue to learn from patients as they strive towards providing culturally safe care. Acknowledge that everyone has implicit bias, recognize yours, and be mindful.

**Cultivate and maintain trusting relationships:** Offer a private space and take time to discuss and inform First Nations individuals of the pros and cons of their therapeutic options, and empower them to be the main decision-makers regarding their health. Listen and incorporate the individual's values and priorities in your recommendations. Support the individual in how they would like to proceed. Be proactive and offer assistance navigating coverage without waiting for the individual to ask for it. Keep them informed on what is occurring and who they can follow up with if needed. Be aware that pharmacists may be perceived as an authority figure, and that trust may take time to build. [Article 7](#) shares additional ideas on how to interact and build rapport with First Nations clients.

“I attended a health and wellness fair in one community and there was a table set up for the local pharmacist to chat with the community members and answer questions. It was the most popular booth of the event! He was continually surrounded by mothers and their babies, Elders sitting in their walkers... There was no mistaking the relationship he had with the entire community,” shares Candy-Lea Chickite, member of We Wai Kai First Nation and a Project Analyst at the FNHA.

**Provide robust pharmacy care to help patients meet their health and wellness goals:** First Nations clients have a right to access the best care pharmacists are able to provide. This may include discussions about traditional medicines available in their community or providing support for appropriate medication selection based on the client's preferences and medication effectiveness, safety, and/or affordability. Discuss symptoms and care goals in order to recommend and provide a covered over-the-counter (OTC) therapy when appropriate.



**Resources:**

[FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf](#)

The 10 Coming Together for Wellness articles have been collected and published together [in one document](#). It is recommended reading for all PharmaCare providers.

## Health Canada directing families to ask pharmacies to order specialized infant formula

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Article originally published as a special release on August 25, 2022

To manage the limited supply of specialized infant formula, Health Canada is [advising families](#) to ask their pharmacists to order extensively hydrolyzed and amino acid-based formulas. Families are told to order before they run out of their current supply, and to expect the order to take several days.

At the same time, Health Canada is advising pharmacies to order hypoallergenic formula only when requested by a parent or caregiver, and to avoid ordering and keeping inventory on hand.

Health Canada is also telling families that they have provided pharmacists with:

- A list of approved [formulas from other countries](#) to bridge the supply gap
  - Estimated [timing of incoming shipments](#), and
  - [Label information](#) in English and French

The BC Ministry of Health's [guidance for B.C. pharmacies](#) remains in place:

- Keep amino acid based (AAF) and extensively hydrolyzed formulas (EHF) behind the counter
  - post explanatory signage
  - sell only to families with clear medical need. See [decision tree](#)
  - sell in limited, 7- 10- day quantities (use judgment if clients face barriers getting to a pharmacy frequently; for example, sell in larger quantities to families that live remotely)
- Consider purchase limits on regular formula; the shortage could put pressure on regular formula supply

### Distribution of imported formulas

The approved manufacturers from other countries are generally using [distributors with national reach](#). Pharmacists may need to expand their search for products during the shortage to [distributors](#) they may not often rely on.

### Background

While the limited supply of specialized infant formula is stable and estimated to be enough to meet B.C. needs, it still must be carefully managed.

The Ministry of Health is actively working with Health Canada, other provinces, and partners within the supply chain to ensure equitable distribution of the limited formula supply across the country.

## Resources

[Guidance to B.C. pharmacists during the specialized infant formula shortage](#) – PharmaCare Newsletter July 2022 (originally published June 17, 2022)

Health Canada:

- [Fact sheet and advice for families](#)
- [Shortage of hypoallergenic infant formula: Additional information for pharmacists](#) – availability and distribution of hypoallergenic formula
- [Interim policy on the importation and sale of infant formulas, human milk fortifiers and dietary products for the treatment of inborn errors of metabolism to mitigate shortages](#)
- [Imported products list and label information](#)

Canadian Pharmacists Association:

- [General information](#) including [importation and labelling considerations](#)
- [Distributors \[By\] Province: Extensively Hydrolyzed and Amino Acid-Based Formulas](#)
- [Clinical decision tree – Use of Specialized Infant Formula During a Shortage](#)

## Special release (September 29, 2022)

### Expanded responsibilities for B.C. pharmacists

The Ministry of Health [announced today](#) that beginning October 14, 2022, pharmacists will be able to adapt and renew prescriptions for a wider range of drugs and health conditions and to administer, further to a prescription, a wider range of drugs by injection or intranasally. The Province is also working towards extending the valid period of prescriptions to two years, which is anticipated to be in effect on the same date.

Furthermore, the Ministry will be working with the College of Pharmacists of BC to develop regulations that will enable pharmacists to prescribe medications for minor ailments, such as psoriasis, acne, reflux disease and allergic rhinitis, and for contraception.

These expansions are intended to alleviate stresses on B.C.'s emergency departments, primary care providers and the people who need medications. Together with their existing ability to provide emergency supplies, pharmacists will now be better positioned to ensure continuity of care for their patients.

PharmaCare is working to establish fees and procedures for these new services and will provide additional updates to pharmacists as this information becomes available.

### Injections claims details

Beginning October 14, 2022, pharmacists will be able to give patients injections of all drugs, including Schedule IA drugs (but excluding allergy serums and substances for cosmetic use) and to claim an administration fee per injection under PharmaCare's Plan M—Medication Management.

Additionally, patients will no longer have to pay pharmacists for injecting vaccines such as the shingles vaccine and pneumococcal vaccines, as pharmacists will now be able to claim the administration fee for these injections, too.

Pharmacists will only be able to administer a drug that has been prescribed by a practitioner – with the exception of naloxone and drugs for immunization or anaphylaxis treatment, for which a prescription is not required.

The administration fee cannot be claimed for travel vaccines or products designed for patient self-injection, unless a practitioner specifies that a prescription is for pharmacist injection. Drugs that are ineligible for this fee include insulin and low molecular weight heparins.

### Flu vaccines for the 2022-23 season

For B.C.'s [2022-23 influenza vaccination campaign](#), which launches October 11 (after the long weekend), pharmacies should record each publicly funded vaccine administration only once in ImmsBC, as they do for COVID-19 vaccines. ImmsBC shares information to PharmaNet, which allows PharmaCare to process and pay the \$12.10 flu vaccine administration fee to pharmacies.

Note that when a vaccination is entered in ImmsBC, a drug use evaluation (DUE) will not automatically occur. While the risk of adverse side effects is low, pharmacists should check a patient's allergies and drug history before administering an influenza vaccination and should record any reaction in ImmsBC.

The publicly funded flu vaccines for the 2022-23 season are:

- [Flumist® Quadrivalent](#)
- [Fluzone® Quadrivalent](#)
- [Fluad®](#)
- [Fluzone® High-Dose Quadrivalent](#)

Note that people living in long-term care and assisted-living facilities, and others at risk, can get their influenza vaccine starting the week of October 3, 2022.

### Private supply

For the 2022-23 season, three of the publicly funded products are also available for private supply. Where a flu product is uniquely a private supply product, enter the DIN in PharmaNet. For products that have both private and public supply, enter private supply using the PIN in PharmaNet. Do not record private supply vaccinations in ImmsBC.

If providing these products as private supply, enter the following PINs in PharmaNet, and your CPBC ID in the Prescriber ID field:

- [Flumist® Quadrivalent](#) - PIN 66128276
- [Fluzone® Quadrivalent](#) - PIN 66128073
- [Fluzone® High-Dose Quadrivalent](#) - PIN 66127356

### Recordkeeping

Vaccinations entered in ImmsBC will be recorded in the Provincial Immunization Registry. Pharmacists must record and retain supporting documentation associated with the administration of a publicly funded vaccine as outlined in the College of Pharmacists of BC Standards, Limits and Conditions for Immunization and in section 8.10 of the PharmaCare Policy Manual.

Pharmacies must also keep electronic and/or hard copy records readily accessible on site, including the vaccine lot number, for four years from the last date of service delivery. Recording vaccine lot numbers is required in the rare event of a vaccine recall or an adverse event following immunization (AEFI).

### Resources

- [Publicly funded vaccines](#)
- [Province prepares for fall respiratory viruses, encourages people to get vaccinated](#)