BC PHARMACARE NEWSLETTER

Edition 24-009: September 2024

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

BRITISH COLUMBIA

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pad Refills
Your dose of drug information in between sessions

Q: Which factors should be considered when prescribing a bisphosphonate for frail or older adults living in long-term care?

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!

New form for pharmacists to register with laboratory operators

Pharmacists seeking to refer clients for laboratory tests can now use one form to register with all participating laboratory operators. Visit Pharmacist registration form – Provincial Laboratory Medicine Services to access the registration form and for instructions on submitting the form.

Registering with laboratory operators is the second step for pharmacists to getting set up to refer for laboratory tests, after they have obtained their MSP practitioner number from Health Insurance BC. Pharmacists **must not** order a laboratory test without completing this registration. Requisitions ordered by an unregistered pharmacist can result in administrative and patient safety issues. This includes a high risk that the pharmacist will not receive the test results, or the patient being turned away at the collection site. After submitting the registration form, pharmacists must await confirmation from the laboratory operator(s) before they can begin ordering laboratory tests.

As announced in the July 2024 PharmaCare Newsletter, as of August 30, 2024, pharmacists in B.C. are recognized as referring practitioners in the Laboratory Services Regulation under the Laboratory Services Act, allowing them to order certain laboratory tests for medication management. The change provides pharmacists with additional clinical tools to improve the quality of pharmacy services and paves the way for additional Ministry-funded pharmacy programs and initiatives.

For detailed instructions on how pharmacists can get set up to refer for laboratory tests, visit Requirements for laboratory test referrals.

Resources

- Pharmacist registration form – Provincial Laboratory Medicine Services
- Requirements for laboratory test referrals
- Pharmacists ordering lab tests
- Laboratory services for health professionals

Laboratory test referrals by pharmacists

As of August 30, 2024, pharmacists in B.C. are recognized as referring practitioners in the Laboratory Services Regulation under the Laboratory Services Act, allowing them to order certain laboratory tests for medication management. The change provides pharmacists with additional clinical tools to improve the quality of pharmacy services and paves the way for additional Ministry-funded pharmacy programs and initiatives.

The pharmacist laboratory services referring schedule is outlined in Ministerial Order (M198-2024).

Before ordering lab tests, pharmacists should thoroughly review the Pharmacists ordering lab tests webpage, and must:

- Obtain a unique MSP practitioner number
- Register with laboratory operators in their area (a process specific to pharmacists is in development)
- Obtain access to CareConnect or another electronic system that provides access to the Provincial Laboratory Information Solution (PLIS) to view results

The unique MSP practitioner number authorizes pharmacists to requisition the tests and allows the laboratories performing these services to submit claims to MSP for remittance. Note that the MSP practitioner number is not an MSP billing number.

All full pharmacists, regardless of their practice setting, are now eligible to apply for an MSP number to begin the process. For more information on how to get started, including the pharmacist-specific requisition form and the MSP practitioner number application form, please visit Requirements for laboratory referrals. The webpage explains all requirements and pharmacist responsibilities as a referring practitioner.

Resources

- Pharmacists ordering lab tests
- Requirements for laboratory referrals
- Laboratory services for health professionals

Flu vaccination campaign 2024-25

The 2024-25 flu vaccination campaign launched on September 1. Visit the publicly funded vaccines web page 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 usually $12.10
- The fee for administering a COVID-19 vaccine to an eligible B.C. resident is $18.00

Resources

- Publicly funded vaccines

Phone line connects people to opioid use assessment and care

The Province has launched a new phone line to help more people in B.C. access opioid agonist treatment (OAT) and other substance use care.

The free Opioid Treatment Access Line (1-833-804-8111) is staffed by a dedicated team at Providence Health Care. Callers receive an addiction medicine consultation and when medically appropriate, an OAT prescription or prescription restart (Kadian, methadone, or buprenorphine/naloxone).

Callers are also connected with a health authority substance use nurse who helps them stay on OAT by supporting their access to prescriptions, dispenses, and local services.

Pharmacists throughout the province can anticipate receiving OAT prescriptions from the new Opioid Treatment Access Line. These prescriptions should be processed like other OAT prescriptions, following current regulations and standards of practice.

The access line is not intended to replace existing local services. If a patient is already accessing OAT services locally, they should not be referred to the line. If a client is unable to access OAT services in their community, pharmacists are encouraged to refer them to the new access line.

Pharmacists are also expected to exercise their recently expanded authority in managing OAT prescriptions to remove treatment gaps and improve continuity of care. This includes adapting and renewing OAT prescriptions according to the latest changes to the College of Pharmacists of BC standards.

OAT is free under Plan Z for any B.C. resident who presents a prescription at a pharmacy. Pharmacists and prescribers can apply for exceptional Plan Z coverage for people new to B.C. who have enrolled in MSP but are in the coverage wait period, or who will enrol in MSP immediately.

B.C.'s Opioid Treatment Access Line:

- 1-833-804-8111
- 9am – 4pm daily (last intake at 3:30pm)
- Substance use nurses available: 8:30am – 8:30pm daily*

*Once fully implemented; recruitment is underway

Resources

- OAT covered by PharmaCare (with PINs and DINs)
- Drug coverage for opioid use disorder
- Plan Z OAT coverage
- Application for Exceptional Plan Z Coverage for OAT (PDF, 648KB)

Don't miss a drug shortage update

Subscribe to the Drug shortages webpage to stay up to date on drug shortages in B.C.

A drug shortage happens when a drug manufacturer or distributor cannot supply enough of a drug to meet demand. It can result from various supply and demand issues, including manufacturing delays, distribution issues (including importation) and product discontinuations.

PharmaCare may cover an alternative drug during a shortage. Coverage for the alternative drug is often the same as for the drug that is in short supply (e.g., the plan it is covered under and whether it needs Special Authority approval for coverage). To look up PharmaCare coverage of a specific drug, use the Formulary Search.

PharmaCare often covers several versions of a drug. If one supplier's version runs short, prescribers and pharmacists can consult the Low Cost Alternative (LCA) program data files to learn if another version is covered.

Resources

- Subscribe to the Drug shortages web page
- Formulary Search
- Low Cost Alternative (LCA) program data files

Reminder: RAT kit expiry dates

Pharmacies are reporting that some Artron COVID-19 rapid antigen test (RAT) kits, with expiry dates extended by Health Canada by 6 months to October 2024, are dry and unusable.

Tests with later expiration dates are available through distributors. Pharmacies are encouraged to check inventory and expiration dates ahead of the upcoming respiratory season.

For other expiry date information, refer to the BC Centre for Disease Control COVID-19 website.

Expired (and dry) tests may be disposed of in regular waste.

PharmaCare pays pharmacies a distribution fee of $75 per case to pharmacies to provide COVID-19 RAT kits free of charge to the public.

Resources

- Section 8.15, PharmaCare Policy Manual – Rapid antigen test kit distribution
- BC Centre for Disease Control COVID-19 website

Mpox update and PharmaCare tecovirimat (TPOXX™) coverage

The Public Health Agency of Canada (PHAC) released a statement on August 14, 2024, following the World Health Organization (WHO) declaration of mpox as a public health emergency of international concern. The declaration was prompted by an increase of mpox cases in several African countries and the emergence of a new strain of mpox known as clade I.

PHAC reports that while there is an increase of mpox cases in some regions of Canada, the risk to Canadian residents remains low. There are no documented cases of clade I strain of mpox in Canada, and most people with the less severe clade II strain have mild symptoms.

Visit the BCCDC mpox webpage for information about prescribing, dosing and eligibility of tecovirimat (TPOXX™).

Tecovirimat must be prescribed in consultation with a health authority–based infectious disease specialist and the mpox expert panel. Currently, tecovirimat is dispensed through the provincial Product Distribution Centre only.

Tecovirimat is covered under PharmaCare Plan Z. Exceptional coverage is available for out-of-province patients, or for those in the MSP coverage wait period. Visit Plan Z (Assurance) for details.

Resources:

- Government of Canada's response to the World Health Organization's declaration on mpox
- Information for healthcare providers about mpox – BCCDC
- Mpox (monkeypox) – Government of Canada

TI–BCCDC Letter: Emergency contraception pills in Canada

The Therapeutics Initiative (TI) recently published a Therapeutics Letter reviewing the comparative efficacy and safety of levonorgestrel and ulipristal for emergency contraception.

Visit Emergency contraceptives: Which pill will you recommend? to read the Letter.

Resources

- TI: Emergency contraceptives: Which pill will you recommend?

MACS educational opportunity for pharmacists

UBC Continuing Pharmacy Professional Development (CPPD) is offering three in-person workshops in Vancouver and Victoria during October, November, and February 2025 for pharmacists who want to obtain hands-on experience applying the Pharmacists' Patient Care Process when providing Minor Ailments and Contraception Services (MACS).

Registration is limited to 27 participants per workshop and costs $99 after a Ministry of Health subsidy. For more information and to register, please visit: Prescribing with Confidence: An Interactive OSCE-Style MACS Workshop | Pharmsci (ubc.ca).

Resources

- Minor Ailments and Contraception Services (MACS)
- Prescribing with Confidence: An Interactive OSCE-Style MACS Workshop | Pharmsci (ubc.ca)

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
June 2024	September 3, 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)

Policy Spotlight: Free contraceptives

Formulary and listing updates

Limited Coverage benefits: foslevodopa/foscarbidopa (Vyalev™) solution for subcutaneous infusion

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

Drug name	foslevodopa/foscarbidopa (Vyalev™) solution for subcutaneous infusion		
Date	August 20, 2024		
Indication	For the treatment of motor fluctuations in patients with advanced levodopa-responsive Parkinson's disease who do not have satisfactory control of severe, debilitating motor fluctuations and hyper- /dyskinesia despite optimized treatment with available combinations of Parkinson's medicinal products.		
DIN	02537702	**Strength & form**	240 mg/mL and 12 mg/mL
Special notes	When submitting to PharmaCare, please bill per mL		

Limited Coverage benefit updates: glecaprevir-pibrentasvir (Maviret®), sofosbuvir-velpatasvir (Epclusa®), sofosbuvir-velpatasvir-voxilaprevir (Vosevi®)

PharmaCare has expanded the Special Authority criteria for the following drugs.

For all drugs used in the treatment of hepatitis C, PharmaCare is adding dried blood spot test as an alternate method to confirm diagnosis of hepatitis C. For Epclusa and Maviret, PharmaCare is removing the requirement of a laboratory-confirmed genotype report for treatment-naive patients.

Glecaprevir-pibrentasvir (Maviret®) will now include coverage for pediatric patients:

- Maviret tablets will be a limited coverage benefit for patients aged 12 years and older
- Maviret oral granules (new formulation) will be a limited coverage benefit for patients aged 3-11 years old

Drug name	glecaprevir-pibrentasvir (Maviret®)		
Date	August 20, 2024		
Indication	For the treatment of chronic hepatitis C virus infection in adult and pediatric patients 3 years of age and older who weigh at least 12 kg.		
DIN	02467550 02522470 **(new)**	**Strength & form**	100 mg/40 mg tablet 50 mg/20 mg oral granules in a sachet **(new)**

Drug name	sofosbuvir-velpatasvir (Epclusa®)		
Date	August 20, 2024		
Indication	For the treatment of chronic hepatitis C virus infection in adult patients.		
DIN	02456370	**Strength & form**	400 mg/100mg tablet

Drug name	sofosbuvir-velpatasvir-voxilaprevir (Vosevi®)		
Date	August 20, 2024		
Indication	For the treatment of chronic hepatitis C virus infection in direct acting antivirals (DAAs) experienced adult patients.		
DIN	02467542	**Strength & form**	400 mg/100 mg tablet

Discontinuation: irbesartan (Avapro®) 75 mg

On November 30, 2024, irbesartan (Avapro®) 75 mg oral tablets, an angiotensin receptor blocker, will be discontinued by the manufacturer. Coverage will continue until the last lot expires on May 31, 2025. Generic options remain available and maintain the same Special Authority coverage criteria.

Drug name	irbesartan (Avapro®)		
Date	November 30, 2024		
Drug class	Angiotensin receptor blocker		
DIN	02237923	**Strength & form**	75 mg oral tablets

Biosimilars Initiative: denosumab

The Biosimilars Initiative is beginning the transition from denosumab originator biologics Prolia® and Xgeva® to the equivalent biosimilar options.

PharmaCare patients with coverage for Prolia or Xgeva must, in consultation with their prescriber, switch to an approved biosimilar product to maintain coverage. In the six-month period from August 29, 2024 to March 3, 2025, prescribers must write a new prescription for their patients on Prolia and Xgeva, indicating the transition to a specific biosimilar.

Prescribers can submit HLTH 5860 – Denosumab patient list request (PDF, 968KB) to request a list of their PharmaCare-covered patients who are taking Prolia so they can contact them to start the switch.

Patients covered by PharmaCare who are taking Prolia for osteoporosis will switch to biosimilar Jubbonti®. Patients covered under Plan P will switch to the biosimilar product Wyost™.

Switch period: August 29, 2024 to March 3, 2025		
Originator	**PharmaCare-covered biosimilar**	**Condition**
Denosumab (Prolia®)	Jubbonti®	Osteoporosis
Denosumab (Prolia®)	Wyost™	Hypercalcemia of malignancy (Plan P)

Transition timeline

August 29, 2024

All new Special Authority (SA) requests, including renewals, for denosumab will only be approved for Jubbonti or Wyost. Limited coverage criteria updated.

August 29, 2024 to March 3, 2025

Patients with PharmaCare coverage for Prolia who wish to maintain denosumab coverage must transition to Jubbonti; patients with PharmaCare coverage for Xgeva must transition to Wyost. To maintain patients' coverage, prescribers must write a new prescription for their patients, indicating the transition. Pharmacists are essential to identifying and informing patients who need a new prescription.

For patients with existing SA approval for Prolia or Xgeva, the corresponding biosimilar product will be covered (Jubbonti or Wyost, respectively). Prescribers do not need to submit a new SA request for coverage of the biosimilar denosumab product until the next SA renewal date (if applicable).

March 4, 2025

Prolia and Xgeva become PharmaCare non-benefits (not covered). Only Jubbonti and Wyost are authorized for continued denosumab coverage. Special Authority requests for patients who are unable to transition to biosimilars will be considered on an exceptional case-by-case basis.

Patient support fees

Pharmacists can help identify and notify patients who may be affected by the switch and let them know they need a new prescription. In recognition of this support to patients, a $15 per patient support fee is offered to pharmacies for their efforts. The fee is submitted as a PIN (66128494) in PharmaNet, to be paid monthly, in accordance with the monthly payment schedule.

During interactions with a patient, if a pharmacist notices that a patient's medication record indicates current use of Prolia or Xgeva, they should:

1. Initiate a conversation to confirm they are using the drug for the listed condition
2. Check whether they have active PharmaCare coverage or Special Authority for that drug
3. Inform the patient that they may be affected by the biosimilar switch and ask if another pharmacy has provided support for the switch.
4. Encourage them to contact their prescriber for a new prescription before the switch period ends (March 3, 2025) to maintain PharmaCare coverage.

Only one patient support fee can be claimed per PHN. Support fees must be submitted within the switch period window. As key points of contact for patients, pharmacists play a valuable role in bringing positive awareness to the Initiative. Patients frequently turn to pharmacists as a source of health information and rely on those conversations to inform discussions with their prescribers.

A patient support fee is also available to prescribers. For more information, visit Biosimilars Initiative for health professionals

Resources

- Biosimilars Initiative for health professionals
- 2024 PharmaCare Provider Payment Schedule (PDF, 165KB)
- HLTH 5860 – Denosumab patient list request (PDF, 968KB)

Regular benefit listing updates: oral bisphosphonates for osteoporosis

As of August 29, 2024, the benefit status of oral bisphosphonate medications for osteoporosis is expanding. The coverage expansion for oral bisphosphonates for osteoporosis is made possible by savings from listing the biosimilar denosumab for osteoporosis.

The following medications are now **regular benefits** for Plans B, C, F, P I and W. Prescribers no longer need to request Special Authority coverage for these drugs.

- Alendronate (Fosamax®, Fosavance® and generics) 10 mg, 70 mg and 70 mg/5600 IU vitamin D tablets
- Risendronate (Actonel® and generics) 5 mg and 35 mg tablets

Note that risendronate 30 mg tablets and zoledronic acid (Aclasta™ 5 mg/100mL) remain **limited coverage benefits**, and Special Authority criteria for these drugs have not changed.

Alendronate 5 mg and 70 mg/2800 IU vitamin D tablets and risedronate DR 35 mg and 150 mg tablets remain **non-benefit** products.

Did you know?

PharmaCare added coverage for 211 new generic drugs between 2022 and 2023. Read PharmaCare Trends 2022/2023 (PDF, 1MB) for more details.