

BC PHARMACARE NEWSLETTER

Edition 20-005
March 26, 2020



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DISPENSES DURING COVID-19 CRISIS

Pharmacists may have received conflicting information regarding the days supply permitted for any dispense. Different policies have been implemented across Canada, and across different public and private payers to manage perceived or real supply issues. Pharmacies may also have encountered local, demand-driven shortages that require them to dispense smaller amounts than they would normally.

PharmaCare policy is that fills should be up to the maximum days' supply wherever possible. If this policy conflicts with what is feasible given the pharmacy's on-hand supply, the pharmacy may fill an amount less than the maximum days' supply indicated in PharmaNet or on the written prescription.

The PharmaCare Newsletter is published by the Pharmaceutical 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

As noted in the PharmaCare audit section [below](#), at this time, PharmaCare audit will not scrutinize dispenses that are less than the written prescription, and if smaller dispenses are required for supply management, additional dispensing fees may be claimed for subsequent dispenses to complete the fill.

COVID-19 TESTING FOR PHARMACY PROFESSIONALS

Pharmacy professionals who have symptoms consistent with COVID-19 infection should be following the [COVID-19 testing process developed for all British Columbia health care workers](#). Please be aware that all testing centres may not have been notified that pharmacy professionals (including community pharmacy) are designated as health care workers and are eligible for testing. Refer the [BC Emergency Preparedness List of COVID-19 Essential Services](#) for confirmation of health care worker status.

CHANGES TO OPIOID AGONIST TREATMENT DELIVERY (PPP-71)

Effective March 17, 2020, Professional Practice Policy 71 (PPP-71) – Delivery of Methadone for Maintenance became PPP-71 – Delivery of Opioid Agonist Treatment (OAT). This update to the policy name reflects several amendments to the policy itself, effective on the same day. Notable changes include, but are not limited to:

- Pharmacists being able to use their own discretion when deciding whether to deliver OAT, without the need for prescriber authorization, if there is appropriate communication to the prescriber;
- Lifting the restriction that a patient's home must be the delivery location;
- Allowing delivery criteria to be based on more than only immobility and extraordinary circumstances;
- The addition of new safety provisions concerning the safety of the pharmacist, the patient, and the public; and
- The phasing-out of current Controlled Prescription Program (CPP) forms in light of a redesigned and harmonized CPP form, to come later.

See the [College of Pharmacists of BC's News](#) section of their website for more information on the amendments to PPP-71.

SPECIAL AUTHORITY ADJUSTMENTS DURING COVID-19

Effective March 26, 2020, PharmaCare has implemented the following changes to ensure efficient access to medications and promote patient safety during the COVID-19 pandemic:

- More staff are available on the Special Authority (SA) phone lines, to help resolve issues with faxing requests because the prescriber is not in the office.
- Temporary manual extensions are available over the phone for select drugs where infusion dates are already planned, and the prescriber is not available for completion of renewal request.
- Automatic uploads in PharmaNet to extend SAs for many limited coverage drugs that are expiring between now and July 1, 2020.

These have been prioritized based on urgency. The first group of automatic uploads is detailed by drug in the table below. These extensions are in effect until Oct 1, 2020.

If a patient needs an extension for a limited coverage drug that is not on a list of those extended to October 1, you are unable to confirm the renewal with the prescriber and you are adapting to refill the prescription, please call the PharmaCare Help Desk at 1-800-554-0225.

SA EXTENSIONS FOR COVID-19 COVERAGE: GROUP 1 DRUGS

GENERIC MEDICATION NAME	BRAND NAME
<u>abobotulinumtoxinA</u>	Dysport Therapeutic™
<u>ambrisentan</u>	Volibris®
<u>apixaban for the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE)</u>	Eliquis®
<u>bosentan</u>	Tracleer®
<u>botulinum neurotoxin type A, free from complexing proteins, also known as incobotulinumtoxinA</u>	Xeomin®
<u>botulinum neurotoxin type A, with complexing proteins, also known as onabotulinumtoxinA</u>	Botox®
<u>codeine sustained release</u>	Codeine Contin®
<u>deferasirox</u>	Exjade®
<u>deferiprone</u>	Ferriprox®
<u>donepezil</u>	Aricept®
<u>epoprostenol</u>	Caripul®, Flolan®
<u>evolocumab</u>	Repatha®
<u>fentanyl patch</u>	Duragesic®
<u>galantamine</u>	Reminyl®
<u>hydromorphone controlled release</u>	Hydromorph Contin®
<u>icatibant</u>	Firazyr®
<u>linezolid 600 mg tablet</u>	Zyvoxam®
<u>mepolizumab</u>	Nucala®
<u>mycophenolate mofetil</u>	CellCept®
<u>nintedanib</u>	Ofev®
<u>pirfenidone</u>	Esbriet®
<u>rifaximin</u>	Zaxine®

<u>rivaroxaban for prophylaxis of venous thromboembolism</u>	Xarelto®
<u>rivastigmine</u>	Exelon®
<u>selexipag</u>	Uptravi®
<u>sildenafil</u>	Viagra®
<u>tadalafil 20 mg</u>	Adcirca®
<u>ticagrelor</u>	Brilinta®
<u>treprostinil</u>	Remodulin®
<u>valganciclovir</u>	Valcyte®
<u>voriconazole</u>	Vfend®

- Limited Coverage Inhalers for asthma and chronic obstructive pulmonary disorder (COPD)

Long-acting muscarinic antagonists (LAMA) and inhaled corticosteroid (ICS)-long-acting β -antagonist (LABA) combination therapy inhalers for asthma and COPD are now available as option #6 on the Special Authority Accelerated Request (SAAR) options for prescribers, on the Practitioner Info Line. (Note: pharmacists may not use the SAAR for requests except as detailed on the [PharmaCare website](#).)

This option includes a temporary waiver of the pulmonary function test requirement, as these tests may not be conducted at this time and may constitute a risk for patients during the pandemic. As a reminder, respirologists already have Special Authority exemptions for these products.

Products available through this service:

- [formoterol](#)
- [formoterol combination with budesonide](#)
- [formoterol combination with mometasone](#)
- [salmeterol](#)
- [salmeterol combination with fluticasone](#)
- [vilanterol combination with fluticasone](#)
- [acridinium](#)
- [acridinium combination with formoterol](#)
- [glycopyrronium](#)
- [glycopyrronium combination with indacaterol](#)
- [tiotropium](#)
- [tiotropium combination with olodaterol](#)
- [umeclidinium](#)
- [umeclidinium combination with vilanterol](#)

These products can be requested by prescribers and selected using a new inhaler menu option present among options for other drugs in the SAAR line.

As a reminder, inhaler products are currently in high demand across Canada. For information regarding availability, prescribers and pharmacists can check the Canada-wide drug shortages website or contact a local pharmacy to inquire about stock.

Criteria changes to allow for social distancing

- Special Authority Criteria that require patients to attend a lab or undergo any non-essential diagnostic test may be waived, to reduce patient contact with others and enable better adherence to social distancing requirements.

Patients will still need to meet other criteria points on a given application form for approval.

These allowances are exceptional and will be reassessed again in six months. Instances will be considered on a case-by-case basis and include the following examples:

Insulin Pumps	2 A1C values are still required for adjudication. Time period has been expanded to 1 value within the past 6 months, and 1 value within the past 12 months.
Dalteparin, Tinzaparin for treatment of venous thromboembolism in cancer patients	Requirement of a trial of warfarin, or rationale to avoid warfarin is waived. Dalteparin and tinzaparin will be first line treatment options.

- Idiopathic pulmonary fibrosis: Approvals for nintedanib or pirfenidone expiring before July 1, 2020 will be given an automatic 6-month extension to October 1, 2020, as non-critical pulmonary function tests have been suspended due to the COVID-19 outbreak, current Special Authority applications are not necessary to enact this extension.

PHARMANET CLAIM REVERSAL WINDOW EXTENDED

This is a note to all pharmacies that effective immediately, the PharmaNet Reversal window is extended from 120 days to 180 days until further notice. This means providers may reverse a claim up to 180 days from the date of dispense. The extension reflects a need to reduce calls to the PharmaNet Help Desk during this time of decreased capacity.

Please be reminded that reversed claims are only appropriate when there is an error or incorrect transmission. For a list of reasons that constitute a reversed claim, see [Section 3.16](#) of the PharmaCare Policy Manual.

DRUG ALLOCATION STRATEGIES AND DRUG SUPPLY

Due to concerns related to COVID-19, drug wholesalers are implementing allocation percent strategies for the distribution of drugs. Although manufacturers and distributors have not identified any specific, widespread COVID-19-related shortages, these measures are needed to preserve stock and avoid unnecessary stockpiling. Every level of the drug supply chain is working to ensure sustainable drug distribution in B.C., given the current situation. If in doubt of a certain drug's supply, pharmacists may contact their wholesaler to confirm their allocation percentage.

To check for up-to-date information on any drug shortages, consult the [Canadian Drug Shortages](#) or the [PharmaCare Drug Information](#) websites. If you become aware of a drug shortage not included on PharmaCare's Current Drug Shortages list and have confirmed this with your wholesaler, please report it to the PharmaNet Help Desk:

From the Lower Mainland: 604 682-7120

Rest of B.C.: 1 800 554-0225

PharmaCare Audit

During this time, pharmacies experiencing a shortage of a particular medication may use their discretion and fill accordingly—PharmaCare Audit will not scrutinize dispenses that are less than the written prescription.

On-site pharmacy visits by PharmaCare Audit are also indefinitely suspended at this time. This suspension will be re-evaluated as new directives are provided by the Provincial Health Officer.

CLOPIDOGREL NOW A REGULAR BENEFIT

Effective March 20, 2020, clopidogrel (Plavix® and generics) is a regular benefit. (Note: Plavix is a partial benefit under the [LCA program](#).) Special Authority requests will no longer need to be submitted for coverage.

Clopidogrel is an anti-platelet drug prescribed after percutaneous coronary intervention, following hospital-diagnosed unstable angina or non-ST elevation myocardial infarction, or for the secondary prevention of coronary, cerebral and peripheral vascular occlusion and embolization.

BENEFITS

The following product is now a regular benefit under Fair PharmaCare (Plan I) and PharmaCare Plans B, C, F, and W:

COVERAGE EFFECTIVE	March 20, 2020		
DRUG NAME	Clopidogrel (Plavix® and generics)		
DIN	BRAND	STRENGTH/FORM	
2238682	Plavix® (partial benefit)	75 mg tablet	
2252767	Apo-Clopidogrel		
2293161	Teva-Clopidogrel		
2348004	Pms-Clopidogrel		
2359316	Sandoz Clopidogrel		
2379813	Ran-Clopidogrel		
2385813	Clopidogrel		
2400553	Clopidogrel		
2415550	Jamp-Clopidogrel		
2416387	Auro-Clopidogrel		
2422255	Mar-Clopidogrel		
2394820	Clopidogrel		
PLAN G BENEFIT	No	PLAN P BENEFIT	Yes