Primary Care Network Oceanside Newsletter

2024 February

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Code Change

PAS $0 billing attachment code has been changed. Going forward, for all patient attachments, please use

code 98990

Pharmacare Formulary Updates

As of November 7, 2023

The **DexCom G7** was listed as a benefit. The Special Authority process is the same as the DexCom G6 and the Freestyle Libre 2. Special Authority coverage is now specific to the device (ie. Having a Special Authority approved for a Freestyle Libre 2 will not grant coverage for a DexCom G7; a new Special Authority must be requested if the patient wants to switch devices).

As of December 7, 2023

Generic rivaroxaban is now a regular benefit.

As of February 6, 2024

Icosapent ethyl (Vascepa®) is now covered via Special Authority for the secondary prevention of cardiovascular disease in adults over age 45 **with the following criteria**: fasting triglyceride level of 1.7 – 5.6 mmol/L **AND** LDL-C level of 1 – 2.6 mmol/L **AND** patient is receiving maximally tolerated statin for at least 4 weeks.

Drug Shortage Updates

Effective February 13, 2024

With the resolution of the Ozempic® shortage, the **temporary PharmaCare coverage for Trulicity® will end.**

Cholestyramine powder (Olestyr® and generics) remains unavailable from their manufacturers.

Colesevelam (Lodalis®) remains available at this time. There is no exact dose conversion between the two agents. For bile acid-induced diarrhea, the usual dosage of colesevelam is 3.75 g daily in 1 or 2 divided doses. However, dosages as low as 625 mg daily have been used.

Practice Tool Spotlight

February is Heart Month as well as Preventative Health Awareness Month. In the spirit of prevention of cardiovascular disease, we wanted to highlight a tool that can be used with patients to facilitate discussions about reducing their risk for vascular disease.

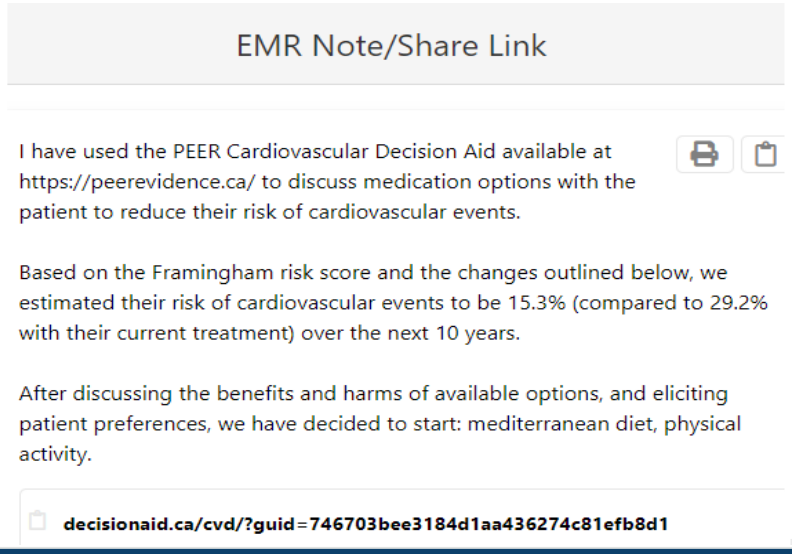
The PEER Simplified Cardiovascular Decision Aid is an online tool that can be used with patients not only to estimate their 10-year risk of cardiovascular disease, but also to demonstrate the magnitude of benefit of pharmacological and non-pharmacological interventions.

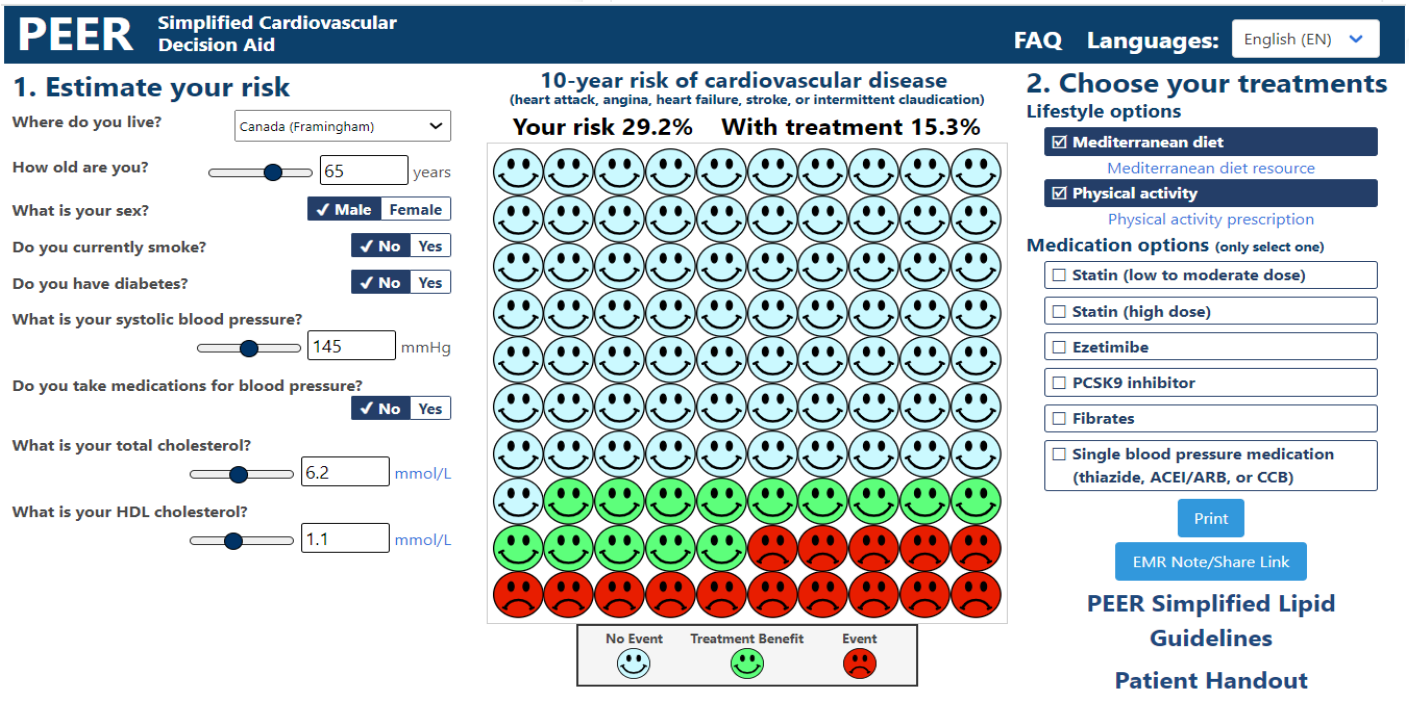
The tool has a section in which you input basic patient information and laboratory data on the left side, and an area to select various treatments on the right side. You have the ability to select multiple interventions/treatments to demonstrate their additive effects (as shown below).

There are links built-in to the tool that provide handouts for information on the Mediterranean Diet as well as a printable Exercise Rx. The "EMR Note/Share Link" button will also generate a short documentation note based off your treatment selections that can be copy/pasted into the patient's chart to summarize the discussion.

Shared decision-making conversations can be time consuming. Consider a referral to your PCN Pharmacist to help guide patients through the risk assessment and to discuss options for treatment.

The PEER Cardiovascular Decision Aid tool is available at: https://decisionaid.ca/cvd/





Clinical Update

Stable COPD

Updated COPD Guidelines – major changes

The Canadian Thoracic Society published its updated guidelines for the management of patients with stable COPD in September 2023. Key pharmacotherapy recommendations are summarized in the table below.

Patient Population	Key Recommendations
Exacerbation risk: Low Symptom burden and health status impairment : Low (CAT < 10, mMRC 1) Lung Function: Mildly Impaired (FEV1 ≥ 80% predicted)	Initial monotherapy with long-acting bronchodilator therapy (either LAMA or LABA) as opposed to short-acting bronchodilator therapy (i.e. SABA or SAMA) **ICS monotherapy is NOT recommended**
Exacerbation risk: Low Symptom burden and health status impairment: Moderate/severe (CAT ≥ 10, mMRC ≥ 2) Lung Function: Impaired (FEV1 < 80% predicted)	Initial monotherapy with dual bronchodilator therapy (both LABA and LAMA) as opposed to single bronchodilator therapy. Escalate to triple therapy (LABA/LAMA/ICS) if patients continue to have a high symptom burden despite LAMA/LABA therapy.
Exacerbation risk: High Symptom burden and health status impairment: Moderate/severe (CAT ≥ 10, mMRC ≥ 2) Lung Function: Impaired (FEV1 < 80% predicted)	Triple therapy with LAMA/LABA/ICS is recommended over LAMA/LABA or ICS/LABA dual therapy as it can help to reduce exacerbation risk. Step-downs in inhaled therapy are NOT recommended. If patients continue to exacerbate despite optimal triple therapy, the addition of a maintenance macrolide antibiotic is recommended (e.g. Azithromycin 250 mg 3x/week).

The full 2023 Canadian Thoracic Society Guideline on Pharmacotherapy in Patients with Stable COPD is available on the CTS website at https://cts-sct.ca/guideline-library/