

# APPLYING THE EXPANDED BC PHARMACY SCOPE TO BETTER PROTECT YOUR PATIENTS AGAINST PNEUMOCOCCAL DISEASE

On October 14<sup>th</sup>, 2022, to address the primary care crisis in British Columbia the BC ministry of health expanded the scope of pharmacist practice. As a result, pharmacists are much better positioned to address pneumococcal vaccination gaps in their patients. The following community practice scenarios leverage current scope of practice, clinical pneumococcal vaccination guidelines and BC pharmacare reimbursement policies as of Oct 2022. Ultimately each pharmacist must undertake their own clinical decision-making during a patient encounter within their own competency and expertise. Vaccine Center of Excellence assumes no liability for the individual practice and clinical decisions each pharmacist makes with their own professional judgment under their license.

This guide serves as a practice support tool, to be used by community pharmacists at their own discretion.

## SCENARIO #1

**Patient presents to pharmacy with prescription for Prevnar 20**

**Pharmacist can administer this vaccine using non-publicly funded injection code for \$11.41**

Use PIN **66128366** in PharmaNet for the administration fee. In the SIG field, enter the DIN, generic drug name, route and administration site (RIGHT or LEFT or BILATERAL),

For example **02527049\_Prevnar 20\_IM\_LEFT**

### ***Rationale:***

*As per the Oct 13<sup>th</sup> 2022 BC Pharmacare Newsletter, pharmacists can claim the administration fee for unfunded pneumococcal conjugate vaccination.*

*[PharmaCare Newsletter - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov/content/health/pharmacare/newsletters/2022-10-13-pharmacare-newsletter)*

Written and Developed by **Ajit Johal BSP RPh BCPP CTH** (Clinical Director National VCE Program)



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## SCENARIO #2

**Naïve patient presents to pharmacy with prescription for Prevnar 13, Pneumovax 23, or Prevnar 13 followed by Pneumovax 23 (8 weeks later)**

**Pharmacist can adapt with therapeutic substitution to Prevnar 20 for \$17.20**

The adaptation notification to the physician should cite rationale from the NACI or ACIP guidelines on pneumococcal disease on the following documentation and notification form [PPP58 - Pharmacist Prescription Adaptation Documentation and Notification Form \(bcpharmacists.org\)](#)

*Rationale: As per PP58 BC College of Pharmacists. [Policy Governance Portfolio - Professional Practice Policies \(bcpharmacists.org\)](#) This is considered “best practice” and is based on an accepted clinical practice guideline.*

*Such “Guideline” includes*

- Updated 2022 NACI Statement on Pneumococcal Vaccination - [Advance Copy NACI Pneumococcal Adult Statement\\_ENG.pdf](#)
- ACIP update on pneumococcal disease - [Use of 15-Valent Pneumococcal Conjugate Vaccine and 20-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Updated Recommendations of the Advisory Committee on Immunization Practices – United States, 2022 | MMWR \(cdc.gov\)](#)



# APPLYING THE EXPANDED BC PHARMACY SCOPE TO BETTER PROTECT YOUR PATIENTS AGAINST PNEUMOCOCCAL DISEASE

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## SCENARIO #3

### Pharmacist adapts expired (6 month) prescription for patient taking an inhaled medication (for asthma) and/or medication for (Diabetes).

- Check care connect to see if lab values are at target and have been completed as per the recommended intervals. Also check for any relevant clinical info related to health status on current medication therapy
- Pharmacist can adapt chronic disease medications as a renewal for \$10 (For a maximum of 2 medications x \$10)
- Recommend and administer Prevnar 20 using the NACI (national guidelines) or ACIP (international guidelines) as documentation
- Pharmacist can administer using non-publicly funded injection code for \$11.41

***Rationale:** The College of Pharmacists of BC has updated PPP-58 to allow pharmacists to adapt and renew prescriptions for a wider range of medications and conditions. When renewing prescriptions for continuity of care for patients with chronic medical conditions, consider the following;*

- Patients with diabetes are at 2.8-3x greater risk of pneumococcal pneumonia (1)
- Patients with asthma are 4.9-5.9 x greater risk of pneumococcal pneumonia (1)

***Rationale:** Pharmacists can independently dispense and administer vaccines as schedule 2 products (without a prescription) with any supporting national or international guideline. [On Call - Schedule 2 Vaccine Explained | College of Pharmacists of British Columbia \(bcpharmacists.org\)](#)*

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