BC PHARMACARE NEWSLETTER

Edition 08-026: August 2026

The PharmaCare Newsletter team works from the territory of the lək̓ʷəŋən People, known today as the Songhees and Esquimalt Nations. Our gratitude extends to them and all Indigenous Peoples on whose territories and lands we live and work.

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 Health System Policy & Oversight Division to provide information to B.C.'s healthcare providers.

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BRITISH COLUMBIA
Ministry of Health

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pad Refills
Your dose of drug information in between sessions

Q: Does vaginal prasterone offer an additional advantage on measures of sexual dysfunction compared to vaginal estrogen products accessible in the National Pharmacare formulary (Plan NP)?

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!

Witness payment policies for PA and methadone ingestion

PharmaCare is clarifying its payment policies for in-person and virtual witnessing of ingestion of prescribed alternatives (PAs) and methadone.

For pharmacies to qualify for the PA witnessing fee

- **Community pharmacy**: a **pharmacist** must witness the dosing in person. Witnessing by any other health professional is not eligible

- **Delivery** to client as part of outreach care: a B.C. regulated health professional (e.g., pharmacist, nurse) delegated by the pharmacist must witness the dosing in person

Virtual (by video) witnessing of PA dosing is not eligible for the PA witnessing fee.

For pharmacies to qualify for the methadone interaction fee

- **Community pharmacy**: a **pharmacist** must witness the ingestion of the medication in person. Witnessing by any other health professional is not eligible

- **Delivery** to client as part of outreach care:
  - a regulated health professional (including pharmacists) must witness the ingestion of methadone in person, or
  - virtual witnessing must be done by a **pharmacist**. No other regulated health professional can witness virtually. In case of virtual witnessing, the person delivering the methadone must be a pharmacy employee who can set up the virtual assessment through an appropriate video platform, and does not need to be a regulated health professional

Each witnessed ingestion, whether in-person or virtual, must be recorded in a witness accountability log.

The only situations eligible for PharmaCare witness fees for PA and methadone ingestion
(no other situations are eligible)

Service	Setting	Witnessing type	Who can witness
Prescribed alternatives (PA) dosing	Pharmacy	In person	Pharmacist only
	Delivery	In person	B.C. regulated health professional
Methadone ingestion	Pharmacy	In person	Pharmacist only
	Delivery	In person	B.C. regulated health professional
	Delivery	Virtual	Pharmacist only

PA witness fees and methadone interaction fees are subject to audit and recovery. Refer to the PharmaCare Policy Manual, Section 10.1: Audit Policies

Resources

- Prescribed alternatives (PharmaCare web page)
- PharmaCare Policy Manual, Section 8.16: Prescribed Alternatives Witnessing Fee
- PharmaCare Policy Manual, Section 8.8: Methadone Maintenance Payment Policy
- Clinical Bulletin: Updated Prescribed Alternatives Policy – Implications for Clinical Practice (PDF, 2.6MB)
- Access to Prescribed Alternatives in British Columbia (PDF, 304KB)

Pharmacy OAT training transitions to UBC CPPD

The delivery of pharmacy opioid agonist treatment (OAT) training is transitioning this fall. The University of British Columbia's Continuing Pharmacy Professional Development (UBC CPPD) program will launch a new OAT (P-OAT) program in October 2026, and the current BC Pharmacy Association (BCPhA) Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT-CAMPP) will conclude in December 2026.

The transition period of October to December 2026, when both programs will be offered, is in place to ensure continuity of OAT education.

The new program will be free, CCCEP-accredited (Canadian Council on Continuing Education in Pharmacy), and adds new content to the OAT-CAMPP curriculum, including an Indigenous Peoples module.

More information will be communicated in the coming months. Stay informed by reading the PharmaCare Newsletter and communications from CPBC, BCPhA, and UBC CPPD. Subscribe to the PharmaCare Newsletter to receive notifications when new issues are released.

The Ministry of Health is grateful to BCPhA for delivering high-quality OAT training to over 6,600 pharmacy professionals since 2018 and helping to improve the experience of OAT clients.

Resources

- Continuing Pharmacy Professional Development UBC (CPPD)
- Opioid Agonist Treatment Compliance and Management Program for Pharmacy (OAT-CAMPP) (BCPhA)

Pharmacy Council celebrates its first year

In May 2025, the Ministry of Health established the Pharmacy Council, an advisory body of 34 frontline pharmacy professionals from across B.C., who provide advice and feedback on pharmacy practice, pharmaceutical care programs, client and provider experiences, and emerging issues affecting the profession.

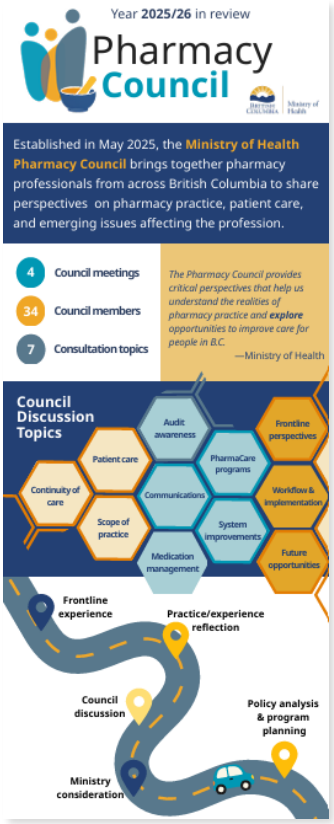
Council members help identify opportunities, challenges, and implementation considerations that can be incorporated into policy analysis, program planning, and the ongoing development of pharmacy services in

B.C. The council also provides a mechanism for the Ministry to test ideas and explore potential impacts and the practical realities of implementation before introducing a new program or policy.

In its first year, the Pharmacy Council met four times.

The Council explored:

- Ministry programs and priorities, including the work of the Pharmacy Clinical Services & Evaluation (PCSE) team
- PharmaCare communications and opportunities to improve information-sharing and engagement with pharmacy professionals
- Pharmacist scope of practice initiatives, implementation experiences, patient access, education and support needs, and opportunities for future projects
- System and workflow improvements to further support pharmacists in delivering patient care
- Medication management initiatives for patients living with chronic conditions
- Opportunities to improve transitions and continuity of care across health-care settings
- PharmaCare program integrity and audit-related processes



Discussions focused on strategic and operational topics affecting pharmacy practice and patient care in the province. Council members provided valuable frontline perspectives on pharmacy practice, patient care, and service delivery from a variety of practice settings and regions across B.C.

The Ministry thanks Pharmacy Council members for their commitment, engagement, and thoughtful contributions during the council' s first year. Their expertise continues to help inform initiatives that support high-quality pharmaceutical care and enhance patient access to pharmacy services across B.C.

Learn more and view the Pharmacy Council 2025/26 Year in Review infographic at Ministry of Health Pharmacy Council

Resources

- Ministry of Health Pharmacy Council
- Pharmacy Council 2025/26 Year in Review infographic (PDF, 261KB)

Naturopaths: Your PharmaNet ID remains 5 digits

Although College of Complementary Health Professionals of BC (CCHPBC) licensee numbers will now be 7 digits instead of 5, licensee PharmaNet ID remains 5 digits.

PharmaNet requires a 5-digit identifier to access the network and for dispensing of prescriptions. This 5-digit number is the PharmaNet ID.

As of September 1, 2026:

- New naturopaths will be assigned a 5-digit PharmaNet ID by CCHPBC when authorized to prescribe
- Naturopaths who had a 5-digit number for PharmaNet before September 1, 2026, will continue to use that 5-digit number as their PharmaNet ID
- Naturopaths enrolling in PRIME will be required to enter both their 7-digit CCHPBC licensee number and their 5-digit PharmaNet ID

Please note that the college must provide details to PharmaNet **before** the naturopath can enrol in PRIME. This normally takes a few business days.

The 5-digit PharmaNet ID must appear on all prescriptions written by naturopaths, or a community pharmacy will not be able to dispense the medication. A licence number cannot be used for this purpose.

All health professionals who wish to access PharmaNet to provide patient care must first enrol in PRIME to request Ministry of Health approval to use PharmaNet. Annual renewal of enrolment is required to maintain access. Learn more at PRIME. If you have questions, please contact PRIMESupport@gov.bc.ca

Resources

- PRIME
- PharmaNet

New resources: Helping clients understand Special Authority

Earlier this year, the PharmaCare communications team asked pharmacists to share their experiences helping clients understand PharmaCare. Thank you to everyone who completed the survey, which was announced in the November 2025 PharmaCare Newsletter (PDF, 605KB)

One theme was client confusion about Special Authority. Many told us that clients often believe Special Authority approval means their medication will be free, or that coverage is retroactive. This leads to frustration when clients face out-of-pocket costs and creates demands on pharmacist time as they explain the program.

In response, the PharmaCare communications team has created a Special Authority poster (PDF, 230KB) and a plain-language infographic (JPG, 356KB), for the public to help explain how Special Authority works.

The resources explain:

- Why some coverage requires Special Authority approval
- Request process and decision timeline
- Online submissions are quicker
- Online submissions can be tracked in Health Gateway
- Why approval does not necessarily mean free
- Coverage is not retroactive

We hope that pharmacies and health clinics will display the poster in waiting areas, counselling spaces, and on online channels such as websites and social media, and distribute the handout.

Health clinic staff can share the handout when discussing a Special Authority request to help patients understand the process and set appropriate coverage expectations before they visit a pharmacy.

Resources

- Special Authority poster (PDF, 230KB)
- Special Authority infographic (JPG, 356KB) (for websites and social media)

PharmaCare launches Community Hub and Newsletter

The new online BC PharmaCare Community Hub and PharmaCare Community Newsletter are filled with information and resources created specifically for community organizations, so that they can help their clients better understand and access PharmaCare coverage.

The goal for this project is to reduce the time that pharmacists spend explaining PharmaCare programs to the public. After determining that community organizations were critically placed for this work, the communications team met with non-profit leaders and staff across the province. Many were excited about the project and helped identify resources that would work for them and their clients.

The Community Hub links to articles, infographics, posters, handouts and learning modules. These are in plain language and designed to be accessible and inclusive. The most important resources will be translated into the languages most spoken in B.C. communities.

While these resources were created primarily for community organizations, we encourage pharmacists and other healthcare providers to explore and share these resources with clients and community partners.

The Community Hub will continue to grow as new resources are added. We will share updates in the new, quarterly PharmaCare Community Newsletter. Please subscribe!

Resources

- BC PharmaCare Community Hub
- PharmaCare Community Newsletter

Formulary and listing updates

Regular benefits: clozapine (Gen-Clozapine ODT®)

PharmaCare has added the following drug to the PharmaCare drug list as a regular benefit.

Drug name	clozapine (Gen-Clozapine ODT®)		
Date	July 2, 2026		
Indication	For the management of symptoms of treatment-resistant schizophrenia.		
DINs	02554631 02554658 02554666 02554674 02554682	**Strength & form**	12.5 mg orally disintegrating tablet (ODT) 25 mg ODT 50 mg ODT 100 mg ODT 200 mg ODT
Covered under plans	Fair PharmaCare, Plan B, Plan C, Plan F, Plan G and Plan W		

Limited coverage benefits: rivaroxaban granules (Xarelto), omalizumab (Omlyclo®), denosumab biosimilars (Bildyos®, Tuzemty®), risperidone (Okedi®), abrocitinib (Cibinqo™), lebrikizumab (Ebglyss™), upadacitinib (Rinvoq®), ustekinumab biosimilars (Otulfi®, Pyzchiva®, Steqeyma®, Wezlana™, Yesintek™)

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

Drug name	rivaroxaban granules (Xarelto)		
Date	July 8, 2026		
Indication	For the treatment of venous thromboembolism (VTE) and the prevention of recurrent VTE in term neonates, infants and toddlers, children, and adolescents under 18 years of age, following at least five days of initial parenteral anticoagulation therapy.		
DINs	02510162 02510170	**Strength & form**	51.7 mg/bottle 103.4 mg/bottle (both strengths 1 mg/mL when reconstituted)
Covered under plans	Fair PharmaCare, Plan B, Plan C, Plan P, and Plan W (Special Authority required)		

Drug name	omalizumab (Omlyclo®)		
Date	July 15, 2026		
Indication	For the treatment of allergic asthma, chronic rhinosinusitis with nasal polyposis, and chronic idiopathic urticaria.		
DINs	02561018 02561026	**Strength & form**	75 mg/0.5 mL in a pre-filled pen 150 mg/mL in a pre-filled pen
Covered under plans	Fair PharmaCare, Plan B, Plan C and Plan W (Special Authority required)		
Notes	When entering claims for Omlyclo, the unit of measurement is number of pre-filled syringes or pre-filled pens, as per Correct quantities for PharmaCare claims. Previously, the non-benefit biologic (Xolair), was covered exceptionally when a practitioner could demonstrate need. This new coverage will reduce administrative burden for practitioners, improve access for patients, and ensure wise use of the PharmaCare budget as with other biosimilar coverage.		

Drug name	denosumab biosimilars (Bildyos®, Tuzemty®)		
Date	July 22, 2026		
Indication	Bildyos: For the treatment of osteoporosis (limited coverage benefit) Tuzemty: Hypercalcemia of malignancy (Plan P benefit)		
DINs	Bildyos: 02565951 Tuzemty: 02566001	**Strength & form**	Bildyos: 60 mg/mL pre-filled syringe Tuzemty: 120 mg/1.7 mL single-use vial
Covered under plans	Bildyos is covered under Fair PharmaCare, Plan B, Plan C, and Plan W (Special Authority required). Tuzemty is covered under Plan P (Palliative Care) only.		
Notes	When entering claims for denosumab, the unit of measurement is volume in millilitres, as per Correct quantities for PharmaCare claims		

Drug name	risperidone (Okedi®)		
Date	July 22, 2026		
Indication	For the management of manifestations of schizophrenia or related psychotic disorders (not dementia-related) in patients.		
DINs	02544601 02544628	**Strength & form**	75 mg pre-filled syringe 100 mg pre-filled syringe
Covered under plans	Fair PharmaCare, Plan B, Plan C, Plan G and Plan W (Special Authority required)		

Drug name	abrocitinib (Cibinqo™)		
Date	August 5, 2026		
Indication	For the treatment of atopic dermatitis.		
DINs	02528363 02528371 02528398	**Strength & form**	50 mg tablet 100 mg tablet 150 mg tablet
Covered under plans	Fair PharmaCare, Plan B, Plan C, and Plan W (Special Authority required)		
Notes	Following the listing of lebrikizumab for atopic dermatitis on August 5, 2026, PharmaCare has revised the limited coverage criteria for abrocitinib, reducing the requirement for prior treatment failure from two systemic immunomodulators to one.		

Drug name	lebrikizumab (Ebglyss™)		
Date	August 5, 2026		
Indication	For the treatment of moderate-to-severe atopic dermatitis in patients 12 years of age and older.		
DINs	02549123 02549131	**Strength & form**	250 mg/2 mL pre-filled pen 250 mg/2 mL pre-filled syringe
Covered under plans	Fair PharmaCare, Plan B, Plan C, and Plan W (Special Authority required)		

Drug name	upadacitinib (Rinvoq®)		
Date	August 5, 2026		
Indication	For the treatment of atopic dermatitis.		
DINs	02495155 02520893	**Strength & form**	15 mg extended-release tablet 30 mg extended-release tablet
Covered under plans	Fair PharmaCare, Plan B, Plan C, and Plan W (Special Authority required)		
Notes	Following the listing of lebrikizumab for atopic dermatitis on August 5, 2026, PharmaCare has revised the limited coverage criteria for upadacitinib, reducing the requirement for prior treatment failure from two systemic immunomodulators to one.		

Drug name	ustekinumab biosimilars	
Date	August 5, 2026	
Indication	For the treatment of adults with: • active psoriatic arthritis • chronic moderate to severe plaque psoriasis • moderately to severely active Crohn's disease • moderate-to-severe ulcerative colitis	
Product name	**DINs**	**Strength & form**
Otulfi®	02554283	45 mg/0.5 mL pre-filled, single-use syringe for subcutaneous injection
	02554291	90 mg/1.0 mL pre-filled, single-use syringe for subcutaneous injection
	02554305	130 mg/26 mL single-use vial for intravenous infusion
Pyzchiva®	02550539	45 mg/0.5 mL pre-filled, single-use syringe for subcutaneous injection
	02550547	90 mg/1.0 mL pre-filled, single-use syringe for subcutaneous injection
	02550520	130 mg/26 mL single-use vial for intravenous infusion
Wezlana™	02553317	45 mg/0.5 mL pre-filled, single-use autoinjector for subcutaneous injection
	02553309	90 mg/1.0 mL pre-filled, single-use autoinjector for subcutaneous injection
Yesintek™	02562081	45 mg/0.5 mL pre-filled, single-use syringe for subcutaneous injection
	02562103	90 mg/1.0 mL pre-filled, single-use syringe for subcutaneous injection
	02562111	130 mg/26 mL single-use vial for intravenous infusion

EDRD benefits: vanzacaftor/tezacaftor/deutivacaftor (Alyftrek®)

PharmaCare has expanded coverage of the following drugs through the Expensive Drugs for Rare Diseases (EDRD) process.

Drug name	vanzacaftor/tezacaftor/deutivacaftor (Alyftrek®)		
Date	July 29, 2026		
Indication	For the treatment of cystic fibrosis in patients aged 6 years and older who have at least one F508del mutation or another responsive mutation in the cystic fibrosis transmembrane conductance regulator gene.		
DINs	02559676 02559684	Strength & form	vanzacaftor (as vanzacaftor calcium) 4 mg / tezacaftor 20 mg / deutivacaftor 50 mg film-coated tablet vanzacaftor (as vanzacaftor calcium) 10 mg / tezacaftor 50 mg / deutivacaftor 125 mg film-coated tablet

Non-benefits: omaveloxone (Skyclarys®), garadacimab (Andembry®)

PharmaCare has decided not to cover the following drugs for the noted indication.

Drug name	omaveloxone (Skyclarys®)		
Date	July 8, 2026		
Indication	For the treatment of Friedrich's ataxia in patients 16 years of age and older.		
DIN	02556219	**Strength & form**	50 mg capsule

Drug name	garadacimab (Andembry®)		
Date	July 23, 2026		
Indication	For routine prevention of attacks of hereditary angioedema in adult and pediatric patients (aged 12 and older).		
DIN	02559765	**Strength & form**	200 mg solution for subcutaneous injection

Discontinuation: metolazone (Zaroxolyn)

PharmaCare has received notice that effective October 31, 2026, Sanofi Canada will be discontinuing metolazone (Zaroxolyn) 2.5 mg tablets, DIN 00888400. The last lot expiry date has yet to be received. Other alternatives within the thiazide-like diuretic class (e.g., chlorthalidone and indapamide) remain available.

Drug name		metolazone (Zaroxolyn)	
Expiry of current lot available		TBD	
Drug class		Thiazide-like diuretic	
DIN	00888400	**Strength & form**	2.5 mg tablets

Price reduction: denosumab (Jubbonti® and Wyost™)

Effective September 4, 2026, the prices for the following products will be reduced. Prices include 8% markup.

Drug name	Jubbonti®		
Date effective	September 4, 2026		
DIN	**Strength & form**	**Current price per unit**	**Reduced price per unit**
02545411	60 mg/mL pre-filled syringe	$210.2760	$195.5556

Drug name	Wyost™		
Date effective	September 4, 2026		
DIN	**Strength & form**	**Current price per unit**	**Reduced price per unit**
02545764	120 mg/1.7 mL vial	$336.9600	$313.3728

Your Voice: Input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is integral to B.C.'s drug review process. If you know someone who is taking one of the drugs below or who has a condition any of the drugs treat, please encourage them to visit www.gov.bc.ca/BCyourvoice.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
tirzepatide (Zepbound®)	Obstructive sleep apnea in adults with obesity, without diabetes	July 29 to August 25 at 11:59 pm
adalimumab (biosimilars, various)	Pediatric Crohn's disease and pediatric ulcerative colitis	July 29 to August 25 at 11:59 pm
infliximab (biosimilars, various)	Pediatric Crohn's disease and pediatric ulcerative colitis	July 29 to August 25 at 11:59 pm
leniolisib (Joenja®)	Activated phosphoinositide 3 kinase delta syndrome in patients 12 and older	July 29 to August 25 at 11:59 pm
setmalenotide (Imcivree)	Weight management in patients 4 and older with hypothalamic obesity	July 29 to August 25 at 11:59 pm

Did you know?

Did you know? In 2024/2025, Fair PharmaCare accounted for 53.7% of total PharmaCare plan expenditure.

Read PharmaCare Trends 2024-25 (PDF, 638MB) for more PharmaCare facts.