

# BC PHARMACARE NEWSLETTER

Edition 25-012: December 2025

## Table of Contents

Changes to dispensing fee, daily dispensing fee limits .....	2
New policy for witnessing PA, pharmacy witness fees .....	2
NRT coverage continues under BC Smoking Cessation Program.....	5
Recall – Freestyle Libre 3 Plus sensors .....	5
Ensure correct Pract ID is used in local software user accounts .....	6
New webpages – treating clients with substance use disorder .....	6
Reminder: Requirements for pharmacists referring for laboratory tests.....	7
TI Letter: Escitalopram vs citalopram .....	7
Reminder: Pharmacist interviews about nicotine cessation support in B.C. ....	8
Reminder: Pharmacist survey about PharmaCare .....	8
2025 year-end reminders .....	9
RAT kits available free of charge until supplies run out.....	9
Policy Spotlight: Fan-out messages .....	11
Formulary and listing updates .....	12
Your Voice: Input needed for drug decisions.....	15



**Refills**

Your dose of drug information in between sessions

**Q:** How effective is vaginal estrogen for the prevention of recurrent urinary tract infections associated with the genitourinary syndrome of menopause (GSM)?

**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!

The PharmaCare Newsletter team works from the territory of the ləkʷəŋən 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 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 *Sən'yas* Indigenous Cultural Safety course.

The PharmaCare Newsletter is published by the Health System Policy and Oversight Division to provide information to B.C.'s healthcare providers.

[gov.bc.ca/pharmacies](http://gov.bc.ca/pharmacies)  
[gov.bc.ca/programs](http://gov.bc.ca/programs)  
[gov.bc.ca/deviceproviders](http://gov.bc.ca/deviceproviders)



## Changes to dispensing fee, daily dispensing fee limits

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Effective January 2, 2026, the Ministry of Health (the Ministry) will increase the maximum amount that PharmaCare will pay per dispense, from \$10 to \$11.

Pharmacies may charge more than PharmaCare's maximum reimbursement amount when the [Full Payment Policy](#) does not apply.

Also effective January 2, 2026, the Ministry will decrease the maximum number of dispensing fees PharmaCare will pay per day, from three to two for clients receiving daily dispensing. This means PharmaCare will cover:

- One (1) dispensing fee per patient, per drug (DIN), per day—to a maximum of two (2) dispensing fees per patient, per day

The decrease in daily dispensing fees is related to the ongoing reports of cash incentives provided to people receiving daily dispensing of medications, as described in the [February 2025 PharmaCare Newsletter \(PDF, 448KB\)](#).

As stated in the [May 2024 PharmaCare Newsletter \(PDF, 760KB\)](#), offering incentives to beneficiaries to use a pharmacy service is strictly prohibited.

The Ministry will continue to monitor cash incentives paid by pharmacies and will consider further changes to daily dispensing fees if necessary.

### Resources

- [PharmaCare Policy Manual, Section 8.2: Dispensing Fees](#)
- [PharmaCare Policy Manual, Section 8.3: Frequency of Dispensing Policy – Fee Limits](#)
- [February 2025 PharmaCare Newsletter \(PDF, 448KB\)](#)
- [May 2024 PharmaCare Newsletter \(PDF, 760KB\)](#)

## New policy for witnessing PA, pharmacy witness fees

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The Ministry of Health has released the [Access to Prescribed Alternatives in British Columbia: Policy Direction](#), which outlines updated witness requirements for clients taking prescribed alternatives (PA).

To help clinicians follow the new PA policy, the BC Centre on Substance Use (BCCSU) released a new [Clinical Bulletin: Updated Prescribed Alternatives Policy—Implications for Clinical Practice](#). The bulletin replaces the Interim Clinical Resource published on April 29, 2025.

## Existing PA clients transition to witnessed dosing by December 30, 2025

The policy direction requires that **all clients** who have a PA prescription must transition to witnessed dosing by December 30, 2025. This builds on previous requirements for witnessed dosing for new PA clients, described in the [February PharmaCare Newsletter \(PDF, 448KB\)](#).

There are limited exemptions to witnessed dosing for clients in exceptional circumstances. These include:

- Clients from rural, remote and Indigenous communities who do not have routine access to a pharmacy
- Clients with employment obligations, who may be permitted unwitnessed doses during work hours when they have achieved clinical stability
- Clients titrating onto opioid agonist treatment (OAT)

Full details on exemptions to witnessed dosing can be found in [Access to Prescribed Alternatives in British Columbia: Policy Direction](#). For case-based support, clinicians should consult BCCSU's 24/7 line at 778-945-7619.

### PA witness fees for pharmacies

The Ministry is working on a new payment system to pay pharmacies a fee for witnessing doses of PAs. Pharmacies can expect to receive payments in spring 2026, once the new payment system is ready to be implemented. Pharmacies will receive retroactive payments for witnessed doses of PA recorded in PharmaNet from June 18, 2025, onwards.

Pharmacies will be paid a fee for each eligible dose of witnessed PA medications up to a daily maximum. Fee amounts are based on the type of medication.

To be eligible for a PA witness fee, the dose must be:

- An eligible PA drug from the table below
- Witnessed oral ingestion or topical application on June 18, 2025, or later
- Witnessed by a pharmacist in a community pharmacy according to provincial policy instructions and BCCSU protocols

PharmaCare will pay a maximum number of daily witness fees per client per day, as detailed on the PA drug list below. Witnessed doses must be notated with the PharmaNet intervention code "VS – Other outcome or intervention".

Claims must be submitted on the day the PA was dispensed and witnessed. Claim reversals will not be paid. Claims submitted on a different date than the actual dispense will not be paid and/or will be subject to recovery.

#### PA drugs eligible for a witness fee – includes all dosages

Drug class	Chemical type	Formulation type	Witness fee amount	Daily maximum number of fees
Opioid	Fentanyl	Patch	\$10	1
	Fentanyl	Tablet (e.g., Fentora)	\$7	3
	Hydromorphone	Capsule 12h ER	\$4	2
	Hydromorphone	Tablet	\$4	3
	Hydromorphone	Syrup	\$4	3

	Morphine	Capsule 12h ER (e.g., M-Eslon)	\$4	2
	Morphine	Tablet ER (e.g., MS Contin)	\$4	2
	Morphine	Syrup	\$4	3
	Oxycodone	Tablet 12h ER (e.g., Oxyneo)	\$4	2
	Oxycodone	Tablet	\$4	3
Benzodiazepine	Alprazolam, clobazam, clonazepam, diazepam, lorazepam, oxazepam	Tablet	\$4	3
	Chlordiazepoxide	Capsule	\$4	1
	Lorazepam	Sublingual tablet	\$4	3
Stimulants	Dextroamphetamine	Capsule ER (e.g., Dexedrine Spansule)	\$4	2
	Dextroamphetamine	Tablet	\$4	3
	Dextroamphetamine	Capsule ER 24h (e.g., Adderall XR)	\$4	1
	Lisdexamfetamine	Capsule	\$4	1
	Methylphenidate	CSBP 40-60 (e.g., Biphentin)	\$4	2
	Methylphenidate	Tablet ER 24h (e.g., Concerta)	\$4	1
	Methylphenidate	Tablet	\$4	3
	Methylphenidate	Tablet ER (e.g., Ritalin SR)	\$4	2

### New PA requirement: Witness accountability logs

As of December 4, 2025, pharmacies witnessing PA must record each witnessed interaction in a witness accountability log. The log must include:

- The date and time the drug was dispensed and witnessed
- The prescription's transaction number
- The quantity of the drug ingested and witnessed
- The quantity provided as unwitnessed doses ("carries"), if any
- The total quantity dispensed
- The signature or initials of the dispensing pharmacist, and the signature of the client

Any fees associated with the dispense, including the witness fee, will be recovered if the log is not filled out correctly.

Previous PharmaNet entry requirements are still in place, including “SA” and “VS” notation. For full details on PharmaNet entry instructions for witnessed PA doses, refer to the new webpage [Prescribed alternatives](#).

### Resources

- [Access to Prescribed Alternatives in British Columbia: Policy Direction](#)
- [February PharmaCare Newsletter \(PDF, 448KB\)](#)
- [Clinical Bulletin: Updated Prescribed Alternatives Policy—Implications for Clinical Practice](#)
- [Prescribed alternatives](#)

## NRT coverage continues under BC Smoking Cessation Program

The Ministry of Health has renewed its agreement with the supplier of Nicoderm-branded nicotine replacement therapy (NRT) products, effective January 1, 2026.

This means that coverage of Nicoderm- and Nicorette-branded NRT products, including Nicoderm® patches, Nicorette® gums and Nicorette® lozenges will continue under the BC [Smoking Cessation Program](#) (PharmaCare Plan S).

For a list of covered NRTs and prescription smoking cessation drugs, refer to [Eligible smoking cessation products](#). For more information about the BC Smoking Cessation Program, visit [PharmaCare Policy Manual, Section 7.10: Smoking Cessation Program \(Plan S\)](#).

### Resources

- [Get help quitting tobacco](#)
- [Smoking Cessation Program](#)
- [Eligible smoking cessation products](#)
- [PharmaCare Policy Manual, Section 7.10: Smoking Cessation Program \(Plan S\)](#)

## Recall – Freestyle Libre 3 Plus sensors

Abbott is [issuing a recall for some FreeStyle Libre 3 Plus sensors](#), which it says may provide incorrect low glucose readings. People using FreeStyle Libre 3 Plus sensors should [check their sensor's serial number](#) to find out if it is affected by the recall.

The issue does not apply to the FreeStyle Libre 3 reader and app or any other Libre product (such as FreeStyle Libre 2).

### Resources

- [Urgent medical device recall: FreeStyle Libre 3 Plus Sensors](#)

## Ensure correct Pract ID is used in local software user accounts

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When creating a pharmacist or pharmacy technician user account in your local software, be sure that the Pract ID you enter is accurate. Regularly review staff profiles in your local software to confirm that Pract ID numbers match the correct employees and that no placeholders are being used.

Staff who no longer work at your location should be deactivated in your local software. This also applies to any supervisor and IT accounts. All PharmaNet transactions must be attributed to a licensed pharmacist or pharmacy technician. Please remember that PharmaNet is a production environment, not a test environment.

Finally, review all prescriber profiles to ensure they are only attributed to practitioners with valid prescribing authority.

### Resources

- [PharmaCare Policy Manual, Section 3.7: Medical Practitioners – Prescriber IDs and Practitioner Reference IDs](#)
- [Appendix C—Practitioner IDs and Pract Ref IDs](#)

## New webpages – treating clients with substance use disorder

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PharmaCare has launched new webpages to consolidate key resources for pharmacists and other clinicians who support B.C. residents with substance use disorders.

The new webpages include PharmaCare related information for treating clients with:

- [Opioid use disorder](#) (OUD)
- [Prescribed alternatives](#) (PA)
- [Alcohol use disorder](#) (AUD)
- [Nicotine dependence](#)



These webpages include information on recommended training for health care practitioners who support clients with substance use disorders, and BC PharmaCare coverage for drug treatment options.

Pharmacists and prescribers will find guidance on opioid agonist treatment (OAT) and PA prescription requirements, recordkeeping, full details on eligible pharmacy fees, drug use evaluation checks, and more.

Visit the new webpages to access PharmaCare resources for addiction care in B.C.

### Resources

- [Opioid use disorder](#)
- [Prescribed alternatives](#)
- [Alcohol use disorder](#)
- [Nicotine dependence](#)

## Reminder: Requirements for pharmacists referring for laboratory tests

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Since August 30, 2024, pharmacists in B.C. can [order certain laboratory tests](#) for the purpose of medication management. As a reminder, before referring for laboratory tests, pharmacists must complete the following steps:

1. **Apply for and receive a unique MSP practitioner number** by completing and submitting the [Application for MSP Practitioner Number for Pharmacists \(PDF, 1.1MB\)](#). Health Insurance BC will provide the pharmacist with their unique MSP practitioner number via mail.
2. **Register with laboratory operators** by completing the [Pharmacist Laboratory Registration Form \(PDF, 243KB\)](#) and emailing it to the Provincial Laboratory Medicine Services (PLMS) at [pracbenefitscheds@phsa.ca](mailto:pracbenefitscheds@phsa.ca). PLMS will contact the pharmacist via email to confirm that registration was completed.

For any registration-related questions, pharmacists should contact PLMS at [pracbenefitscheds@phsa.ca](mailto:pracbenefitscheds@phsa.ca).

For any other issues or questions, visit [Laboratory services for health professionals](#) or contact the team at [labservices@gov.bc.ca](mailto:labservices@gov.bc.ca).

### Resources

- [Pharmacists ordering lab tests](#)
- [Application for MSP Practitioner Number for Pharmacists \(PDF, 1.1MB\)](#)
- [Pharmacist Laboratory Registration Form \(PDF, 243KB\)](#)
- [Laboratory services for health professionals](#)

## TI Letter: Escitalopram vs citalopram

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 The Therapeutics Initiative published a Therapeutics Letter comparing escitalopram and citalopram. Evidence suggests no meaningful advantage of escitalopram over citalopram, despite higher costs.

Visit [TL 159: Escitalopram vs Citalopram](#) to read the Letter.

### Resources

- [Therapeutics Initiative – \[159\] Escitalopram vs. citalopram: one enantiomer’s dominance reflects marketing, not evidence](#)

## Reminder: Pharmacist interviews about nicotine cessation support in B.C.

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A Ministry-funded research study by the University of British Columbia continues to seek input from community pharmacists providing non-pharmacologic nicotine cessation support to patients in B.C.

Community pharmacists who complete a 30-minute one-on-one interview with the research team will receive a \$50 honorarium for their participation. To take part in the study, contact Dr. Karen Dahri at [karen.dahri@vch.ca](mailto:karen.dahri@vch.ca).

[Smoking cessation](#) is part of the [Minor Ailments and Contraception Services \(MACS\)](#) provided by B.C. community pharmacists. The goal of the interviews is to determine how community pharmacists in B.C. deliver non-pharmacologic nicotine cessation support to individuals who smoke and/or vape and related barriers and facilitators to providing this service.

### Resources

- [Smoking cessation](#) – BC PharmaCare
- [Minor Ailments and Contraception Services \(MACS\)](#) – BC PharmaCare
- [Ministry of Health Research Seed Grant Program](#) – UBC

## Reminder: Pharmacist survey about PharmaCare

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Pharmacists know their community well—and we want to learn from you. The [PharmaCare Community Outreach Survey](#) is open from November 13, 2025 to January 2, 2026, to solicit pharmacist experience and ideas for improving public knowledge about PharmaCare.

The BC PharmaCare communications team is launching a project to help community organizations, from libraries to refugee settlement agencies, share information about PharmaCare with the people they serve.

By completing our short survey, pharmacists can help us understand what pharmacy clients don't know about PharmaCare and what they should know. The survey also invites ideas for ways for us to share information.

We want to create more opportunities for people to learn about PharmaCare coverage. We hope the project will mean fewer questions for pharmacists about BC PharmaCare.

Visit [PharmaCare Community Outreach Survey](#) to take part. The survey has seven questions and will be open from November 13 to January 2, 2026.

You can email us at [pharmacareinfo@gov.bc.ca](mailto:pharmacareinfo@gov.bc.ca) if you'd rather share your thoughts by email or to set up a call. If you are not a pharmacist, you are also welcome to reach out.

### Pharmacist survey questions



1. Do your clients express difficulty understanding PharmaCare coverage or policies?
2. What do you wish your clients knew about PharmaCare?
3. Which community organizations do you interact with most?
4. What do you wish students or new graduates in health care knew about PharmaCare before starting work?
5. What types of communication materials are helpful for sharing PharmaCare information with staff?
6. What types of communication materials are helpful for sharing PharmaCare information with clients?
7. Is there anything else you would like to add?

 Non-pharmacists can email us with thoughts, ideas or questions at [pharmacareinfo@gov.bc.ca](mailto:pharmacareinfo@gov.bc.ca).

### Resources

- [PharmaCare Community Outreach Survey](#)

## RAT kits available free of charge until supplies run out

Pharmacies are encouraged to order RAT kits from distributors, available free of charge until supplies run out. Pharmacy distributors have stockpiled kits to be available to pharmacies and stores until the supply is exhausted or expired (i.e., late 2026).

## 2025 year-end reminders

### PharmaNet Help Desk holiday closure

The PharmaNet Help Desk will be closed from 10:15 pm on Wednesday, December 24 until 10:15 pm on Thursday, December 25, 2025.

If you experience problems connecting to PharmaNet during this time, please call 778-875-4287. The interactive voice response system will be available.

## Fair PharmaCare registration holiday closure

To allow for annual maintenance, the [Application for Health and Drug Coverage \(AHDC\)](#) for MSP and Fair PharmaCare will be unavailable as follows:

- Online applications unavailable:
  - 8 am, Wednesday, December 31 to 8 am, Thursday, January 1, 2026 (24 hours)
- Phone applications unavailable:
  - 8 am, Wednesday, December 24 to 8 am Friday, December 26, 2025 (48 hours)
  - 8 am, Wednesday, December 31 to 8 am, Friday, January 2, 2026 (48 hours)

## 2026 provider payment schedule

The weekly and monthly provider payment schedule for 2026 is available on the [Information for pharmacies](#) webpage. Pharmacies should note that payments may be remitted earlier than dates indicated in the schedule. Published dates remain the authorized payment dates and should be the guide for claims-related accounting.

- [2026 PharmaCare Provider Payment Schedule \(PDF, 98KB\)](#)

WEEKLY PAYMENT PERIODS	MONTHLY DATE	JANUARY DATE
December 23, 2025	December 23, 2025	January 6, 2026
December 30, 2025	January 5, 2026	January 12, 2026
January 6, 2026	January 12, 2026	January 19, 2026
January 13, 2026	January 19, 2026	January 26, 2026
January 20, 2026	January 26, 2026	February 2, 2026
January 27, 2026	February 2, 2026	February 9, 2026
February 3, 2026	February 9, 2026	February 17, 2026
February 10, 2026	February 16, 2026	February 23, 2026
February 17, 2026	February 23, 2026	March 2, 2026
February 24, 2026	March 2, 2026	March 9, 2026
March 3, 2026	March 9, 2026	March 16, 2026
March 10, 2026	March 16, 2026	March 23, 2026
March 17, 2026	March 23, 2026	March 30, 2026
March 24, 2026	March 30, 2026	April 6, 2026
March 31, 2026	April 6, 2026	April 13, 2026
April 7, 2026	April 13, 2026	April 20, 2026
April 14, 2026	April 20, 2026	April 27, 2026
April 21, 2026	April 27, 2026	May 4, 2026
April 28, 2026	May 4, 2026	May 11, 2026
May 5, 2026	May 11, 2026	May 18, 2026
May 12, 2026	May 18, 2026	May 25, 2026
May 19, 2026	May 25, 2026	June 1, 2026
May 26, 2026	June 1, 2026	June 8, 2026
June 2, 2026	June 8, 2026	June 15, 2026
June 9, 2026	June 15, 2026	June 22, 2026
June 16, 2026	June 22, 2026	June 29, 2026
June 23, 2026	June 29, 2026	July 7, 2026
June 30, 2026	July 7, 2026	July 14, 2026
July 7, 2026	July 14, 2026	July 21, 2026
July 14, 2026	July 21, 2026	July 27, 2026

## Blood glucose test strip annual quantity limits

On January 1, 2026, clients will be assigned their [annual limit of blood glucose test strips \(BGTS\)](#). Beginning January 1, please ensure you use the [regular BGTS PINs](#) for claims until clients exceed their annual limit.

All strips purchased by a client, regardless of the payer, count toward the client's annual limit.

## BGTS information for clients

Information for the public is available online about [annual quantity limits for BGTS](#) and in the printable information sheet, [Blood glucose test strips – annual limits \(PDF, 167KB\)](#). (Translations are available in 15 languages on the [PharmaCare information sheets webpage](#)).

- [Blood glucose testing](#) – annual limits, criteria for additional strips, for health professionals
- [BGTS PINs](#)
- [Blood glucose test strips – patient information sheet \(PDF, 167KB\)](#)
- [Annual quantity limits for BGTS](#) – webpage for the public

## Fair PharmaCare annual deductibles reset in the new year

On January 1, 2026, PharmaNet will be updated with 2026 annual deductible and family maximum amounts. Deductible accumulations will be reset to zero.

Fair PharmaCare coverage levels for 2026 are based on a family's 2024 net income. Income from Universal Child Care Benefits and Registered Disability Savings Plans and some BC Housing subsidies are not included when determining coverage levels.

### Deductible information for patients

This can be a stressful time for Fair PharmaCare beneficiaries as many are paying the full cost of their drugs. Please let them know that they may be eligible for PharmaCare’s [monthly deductible payment option](#). Once they register, PharmaCare immediately pays for 70% of their eligible drug costs. Fair PharmaCare registrants can get information about their deductible and family maximum by:

- Requesting a confirmation of Fair PharmaCare coverage letter or
- Calling us Monday to Friday, 8 am to 8 pm and Saturdays 8 am to 4 pm from the Lower Mainland at 604-683-7151 or from the rest of B.C., toll-free, at 1-800-663-7100

# DEDUCTIBLE RESET

Remind your patients that they can pay their Fair PharmaCare deductible in monthly instalments!

PharmaCare pays 70% of eligible drug costs right away – as if they have already met their deductible. Patients can call 1-800-663-7100 to ask if they are eligible!

## Policy Spotlight: Fan-out messages

### POLICY SPOTLIGHT: FAN-OUT MESSAGES

The Ministry of Health sometimes sends urgent messages through PharmaNet to community pharmacies in B.C. called **fan-out messages**.

**Fan-out messages** are transmitted to all pharmacies or to specific groups of pharmacies (e.g., by geographical area).

**Fan-out messages may be sent in case of a:**

- Lost prescription pad (regular or duplicate)
- Stolen prescription pad (regular or duplicate)
- Unscheduled PharmaNet outage (i.e., outside of a scheduled change)

[Learn more about fan-out messages in the PharmaCare Policy Manual, Section 2.7: Fan-out messages](#)

**Fan-out messages** are automatically received by pharmacy PharmaNet software and displayed on the screen for printing.

Messages should be printed out and made available to all pharmacy staff for reference.

**Policy Spotlight: Fan-out messages**

### Resources

- [PharmaCare Policy Manual, Section 2.7: Fan-out messages](#)

## Formulary and listing updates

### Limited Coverage benefits: tenofovir alafenamide (Vemlidy®), cannabidiol (Epidiolex®)

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

<b>Drug name</b>	tenofovir alafenamide (Vemlidy®)		
<b>Date</b>	December 3, 2025		
<b>Indication</b>	Treatment of chronic hepatitis B (CHB) in adults with compensated liver disease		
<b>DIN</b>	02464241	<b>Strength &amp; form</b>	25 mg tablet
<b>Notes</b>	Patients who have existing Special Authority coverage <a href="#">for tenofovir disoproxil fumarate (Viread® or generics)</a> will automatically receive Special Authority coverage for tenofovir alafenamide		

<b>Drug name</b>	cannabidiol (Epidiolex®)		
<b>Date</b>	December 3, 2025		
<b>Indication</b>	For the treatment of seizures associated with <a href="#">Lennox-Gastaut syndrome</a> , <a href="#">Dravet syndrome</a> , or <a href="#">tuberous sclerosis complex</a> in patients 2 years of age and older		
<b>DIN</b>	02543079	<b>Strength &amp; form</b>	100 mg/mL oral solution

### Non-benefits: isotretinoin (Absorica LD™), isotretinoin (Epuris™), etrasimod (Velsipity™), clascoterone (Winlevi®), lebrikizumab (Ebglyss™), remdesivir (Veklury®)

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

<b>Drug name</b>	Isotretinoin (Absorica LD™)		
<b>Date</b>	November 5, 2025		
<b>Indication</b>	For the treatment of severe nodular and/or inflammatory acne, acne conglobata, and recalcitrant acne		
<b>DINs</b>	02539047 02539055 02539063 02539071	<b>Strength &amp; form</b>	8 mg capsule 16 mg capsule 24 mg capsule 32 mg capsule

<b>Drug name</b>	Isotretinoin (Epuris™)		
<b>Date</b>	November 5, 2025		

<b>Indication</b>	For the treatment of severe nodular and/or inflammatory acne, acne conglobata, and recalcitrant acne		
<b>DINs</b>	02396971 02396998 02397005 02397013	<b>Strength &amp; form</b>	10 mg capsule 20 mg capsule 30 mg capsule 40 mg capsule
<b>Special notes</b>	Epuris was previously announced as a non-benefit in the <a href="#">December 2013 newsletter</a> . This non-benefit listing is the result of a resubmission		

<b>Drug name</b>	etrasimod (Velsipity™)		
<b>Date</b>	<a href="#">November 12, 2025</a>		
<b>Indication</b>	For the treatment of adults with moderately to severely active ulcerative colitis who have had an inadequate response, lost response, or were intolerant to either conventional therapy or an advanced treatment		
<b>DIN</b>	02544903	<b>Strength &amp; form</b>	2 mg tablet

<b>Drug name</b>	clascosterone (Winlevi®)		
<b>Date</b>	<a href="#">November 19, 2025</a>		
<b>Indication</b>	For the topical treatment of moderate to severe acne vulgaris in patients 12 years of age and older		
<b>DIN</b>	02538881	<b>Strength &amp; form</b>	1% topical cream

<b>Drug name</b>	lebrikizumab (Ebglyss™)		
<b>Date</b>	<a href="#">November 19, 2025</a>		
<b>Indication</b>	Treatment of moderate to severe atopic dermatitis in adult and adolescents 12 years of age and older with a body weight of at least 40 kg, whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.		
<b>DINs</b>	02549123 02549131	<b>Strength &amp; form</b>	250 mg/2 mL pre-filled pen solution for subcutaneous injection 250 mg/2 mL pre-filled syringe solution for subcutaneous injection

<b>Drug name</b>	remdesivir (Veklury®)		
<b>Date</b>	<a href="#">November 26, 2025</a>		
<b>Indication</b>	For the treatment of coronavirus disease 2019 (COVID-19) in both hospitalized and non-hospitalized patients.		

<b>DIN</b>	02502143	<b>Strength &amp; form</b>	100 mg solution for injection
<b>Notes</b>	Remdesivir is funded by hospitals or Health Authority infusion clinics managed by the Provincial Health Services Authority (PHSA).		

## EDRD coverage: maralixibat (Livmarli®), burosumab (Crysvita®)

PharmaCare has initiated funding of the following drug through the [Expensive Drugs for Rare Diseases \(EDRD\)](#) process.

<b>Drug name</b>	maralixibat (Livmarli®)		
<b>Date</b>	<a href="#">October 30, 2025</a>		
<b>Indication</b>	Cholestatic pruritus in patients with Alagille syndrome (ALGS)		
<b>DIN</b>	02539888	<b>Strength &amp; form</b>	9.5 mg/mL solution for oral use
<b>Notes</b>	<p>Clinicians may apply for funding for eligible patients for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS). Initial applications will be approved for up to six months. The prescribing physician is responsible for requesting continued Ministry funding every twelve months thereafter.</p> <p>Maralixibat will be distributed by A&amp;D Wholesale. For ordering, please contact: <a href="mailto:orders@andrx.ca">orders@andrx.ca</a></p>		

<b>Drug name</b>	burosumab (Crysvita®)		
<b>Date</b>	<a href="#">November 12, 2025</a>		
<b>Indication</b>	X-linked hypophosphatemia (XLH) in adult patients		
<b>DINs</b>	02483629 02483637 02483645	<b>Strength &amp; form</b>	10 mg/mL solution for subcutaneous injection 20 mg/mL solution for subcutaneous injection 30 mg/mL solution for subcutaneous injection
<b>Notes</b>	Clinicians may apply for funding for eligible adult patients with X-linked hypophosphatemia (XLH). Initial applications will be approved for up to one year. The prescribing physician is responsible for requesting continued Ministry funding every one to two years thereafter.		

## Additions to designated high-cost drugs list

The following drugs will be added to B.C.'s list of [designated high-cost drugs](#), effective January 2, 2026.

DIN	Chemical description	Product name	Allowable markup
02470179	cladribine 10 mg tablet	Mavenclad®	5%
02497867	vedolizumab 108 mg/0.68 mL pre-filled pen	Entyvio®	5%

02497875	vedolizumab 108 mg/0.68 mL pre-filled syringe	Entyvio®	5%
02496429	siponimod 0.25 mg oral tablet	Mayzent®	5%
02496437	siponimod 2 mg oral tablet	Mayzent®	5%

## Discontinuation: somatropin (Humatrope®)

On December 22, 2025, somatropin (Humatrope®) 6 mg cartridge (DIN 2243077), 12 mg cartridge (DIN 2243078) and 24 mg cartridge (DIN 2243079) for injection will be discontinued. The last lot expiry dates are expected to be late 2026 and early to mid-2027. Please note that other brands remain available and maintain the same Special Authority coverage criteria.

<b>Drug name</b>	somatropin (Humatrope®)		
<b>Expiry of last lot</b>	<a href="#">June 1, 2027</a>		
<b>Drug class</b>	Growth hormone		
<b>DIN</b>	02243077	<b>Strength &amp; form</b>	6 mg cartridge

<b>Drug name</b>	somatropin (Humatrope®)		
<b>Expiry of last lot</b>	<a href="#">October 26, 2026</a>		
<b>Drug class</b>	Growth hormone		
<b>DIN</b>	02243078	<b>Strength &amp; form</b>	12 mg cartridge

<b>Drug name</b>	somatropin (Humatrope®)		
<b>Expiry of last lot</b>	<a href="#">January 7, 2027</a>		
<b>Drug class</b>	Growth hormone		
<b>DIN</b>	02243079	<b>Strength &amp; form</b>	24 mg cartridge

## 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](http://www.gov.bc.ca/BCyourvoice).

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
osilodrostat (Isturisa®)	Cushing's disease in adults with persistent or recurrent hypercortisolism	November 19 to December 16 at 11:59 pm

mepolizumab (Nucala®)	Chronic obstructive pulmonary disease (COPD) in adults	November 19 to December 16 at 11:59 pm
finerenone (Kerendia®)	Heart failure (HF) in adults	November 19 to December 16 at 11:59 pm
olezarsen (TBC)	Familial chylomicronemia syndrome (FCS) in adults	November 19 to December 16 at 11:59 pm
vutrisiran (Amvuttra®)	Wild-type or hereditary transthyretin-amyloidosis in adult patients with cardiomyopathy	November 19 to December 16 at 11:59 pm

## Did you know?



In 2023, contraceptives were added to PharmaCare Plan Z.

Read [PharmaCare Trends 2023-24 \(PDF, 1MB\)](#) for more PharmaCare facts.