

# BC PHARMACARE NEWSLETTER

Edition 25-002: February 2025

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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 *San'yas* Indigenous Cultural Safety course.

The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood Services 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)



**Q:** What do COPD guidelines recommend regarding inhaled corticosteroid (ICS) discontinuation in people with COPD?

**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!

## Registration open for UBC CPPD lab test course

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Registration is now open for the UBC Continuing Pharmacy Professional Development (CPPD) course, Introduction to Ordering and Interpretation of Laboratory Tests.

The free, three-credit online course provides an overview of ordering and interpreting laboratory tests for pharmacists, including:

- Which tests to order for monitoring client medications
- How to interpret a laboratory test result and apply findings
- Principles of laboratory stewardship to ensure appropriate use of laboratory tests
- Client scenarios for applied learning

Visit [Introduction to Ordering and Interpretation of Laboratory Tests for Pharmacists](#) to enrol. Registration is open from January 15, 2025, to January 15, 2026. An additional course will be offered in March 2025.

Pharmacists must obtain an MSP practitioner number and register with laboratory operators before they can refer for, or order, laboratory tests. Refer to [Requirements for laboratory test referrals](#) for details.

### Resources

- [Introduction to Ordering and Interpretation of Laboratory Tests for Pharmacists](#)
- [Requirements for laboratory test referrals](#)

## Salbutamol metered-dose inhaler shortage

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All brands and DINs of salbutamol 100 mcg metered-dose inhalers are in shortage until late March 2025 due to manufacturing disruptions. During this shortage, BC PharmaCare is temporarily covering the salbutamol 200 mcg inhaler Ventolin® Diskus®, manufactured by Glaxo Smith Kline (DIN 2243115) as a regular benefit.

The Ministry of Health is actively working with manufacturers, health care professional associations and Health Canada to mitigate the impacts of this shortage.

To be notified of updates, [subscribe](#) to the [Drug shortages](#) web page.

### Resources

- [Drug shortages](#)

## Reminder: New PharmaCare registration poster

Remember to display the new [PharmaCare registration poster](#) and encourage all your clients to register for Fair PharmaCare!

Additional resources are available for clients, such as [PharmaCare information sheets](#), in 15 languages, and the [PharmaCare brochure](#), which you can order from HIBC by emailing [HIBCFormRequests@hbc.gov.bc.ca](mailto:HIBCFormRequests@hbc.gov.bc.ca).

Support pharmacy staff by providing resources such as [BC PharmaCare Essential Links for health professionals](#) and [Contacting the PharmaCare Help Desk](#) posters.



## B.C. residency requirements for MSP and PharmaCare enrolment and coverage

All PharmaCare plans require B.C. residency. Most require enrolment in MSP\*.

B.C. residents as defined by the [Medicare Protection Act](#) can enrol in MSP. The Act defines a resident as a person who:

- is a citizen of Canada or is lawfully admitted to Canada for permanent residence,
- makes the person's home in British Columbia, and
- is physically present in British Columbia for
- at least 6 months in a calendar year, or
- a shorter prescribed period

and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to B.C.

### When a person is no longer a resident

If a person fails to maintain residency requirements as outlined in the Act, their MSP and PharmaCare may be cancelled.

For example, a person's MSP coverage ends on the last day of the month that they make a permanent move out of Canada. If they move within Canada, their MSP coverage ends after the health insurance wait period is over in a new province or territory. PharmaCare coverage ends on the day that a person leaves the province, whether to move within or outside Canada.

Residents must contact Health Insurance BC to [report a permanent move outside of B.C.](#) to ensure their MSP and PharmaCare coverage is cancelled appropriately.

Indicators of non-residence can include:

- Inconsistent pattern of medical claims
- Contact information outside of B.C./Canada
- Requests to have prescriptions mailed elsewhere
- Employment outside of B.C.
- Expired identification
- Immediate family/dependents reside outside of B.C.

If a pharmacy believes that a client does not meet the definition of a resident as required for coverage, they may contact the Ministry's Eligibility, Compliance and Enforcement Unit (ECEU) at 604-660-2406 or by email at [Hlth.InvestigationsUnit@gov.bc.ca](mailto:Hlth.InvestigationsUnit@gov.bc.ca).

The ECEU conducts residency and identity investigations based on residency criteria and initiates the recovery of medical and PharmaCare benefits during ineligible periods. They work collaboratively with Health Insurance BC, ICBC, and health authorities to prevent misuse of MSP and PharmaCare budgets.

\*[Exceptional Plan G coverage](#) and [Plan Z coverage](#) is available for some medications for people in the MSP wait period. Exceptional Plan G coverage must be applied for by a patient's prescriber.

### How a person gets MSP coverage

To enrol in MSP and obtain a BC Services Card, most adults must complete two steps:

1. Submit a BC Application for Health and Drug Coverage to Health Insurance BC, including foundation documents
2. Attend an ICBC driver licensing office, providing primary and secondary identification. Children and Temporary Document Holders are not required to attend an ICBC office.

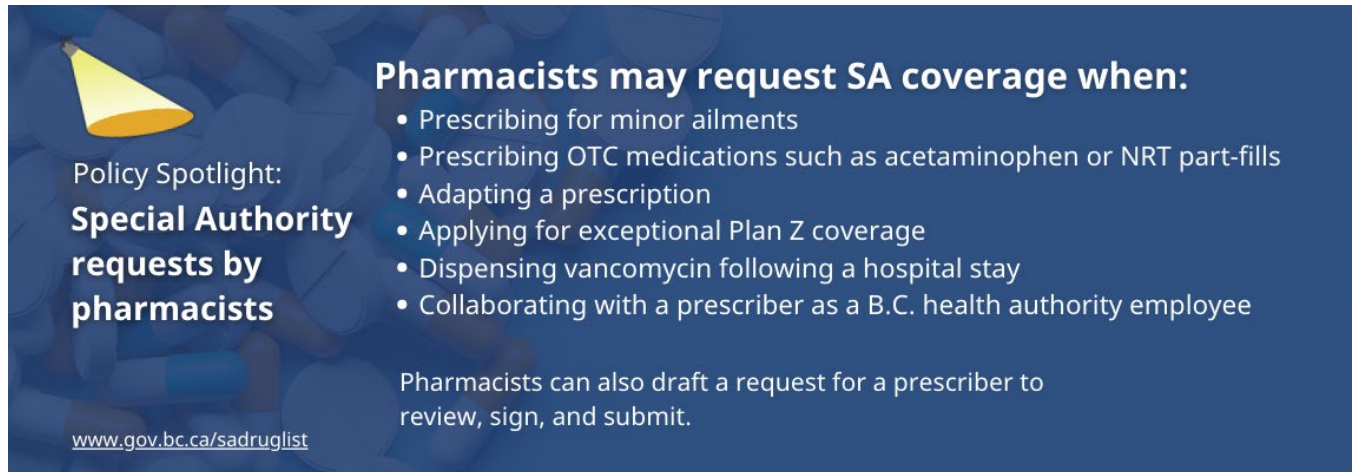
For MSP coverage, people must complete a wait period, consisting of the balance of the month in which residence in B.C. is established, or re-established, plus two months.

First Nations Health Authority (FNHA) manages MSP for First Nations people in B.C. If an individual has Status and needs to enrol in MSP, forms are available [online](#) or by phoning First Nations Health Benefits at 1-855-550-5454.

### Resources

- [Application for Health and Drug Coverage](#)
- [MSP brochure](#)
- [Leaving B.C. booklet](#)
- [BC Medical Services Plan \(MSP\) – First Nations Health Authority](#)

## Policy spotlight: Pharmacist-initiated SA requests



**Policy Spotlight:**  
**Special Authority requests by pharmacists**

**Pharmacists may request SA coverage when:**

- Prescribing for minor ailments
- Prescribing OTC medications such as acetaminophen or NRT part-fills
- Adapting a prescription
- Applying for exceptional Plan Z coverage
- Dispensing vancomycin following a hospital stay
- Collaborating with a prescriber as a B.C. health authority employee

Pharmacists can also draft a request for a prescriber to review, sign, and submit.

[www.gov.bc.ca/sadruglist](http://www.gov.bc.ca/sadruglist)

## RAT kit payment update

Since the last newsletter, PharmaCare has paid pharmacies for COVID-19 rapid antigen test (RAT) kit distribution as follows:

Payment month	Payment date
November 2024	February 3, 2025

Pharmacies are paid \$75 for each case of RAT kits distributed, and pharmacists are reminded to enter the correct PIN for each case of RAT kits distributed.

- BTNX: 66128325
- Artron: 66128338

### Resources

- [2024 PharmaCare Provider Payment Schedule \(PDF, 165KB\)](#)
- [2025 PharmaCare Provider Payment Schedule \(PDF, 120KB\)](#)

## Formulary and listing updates

### Limited coverage benefits: Infliximab (Remsima™ SC), Cariprazine (Vraylar®)

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

<b>Drug name</b>	Infliximab (Remsima™ SC)		
<b>Date</b>	January 21, 2025		
<b>Indication</b>	Treatment of adults with moderately to severely active <a href="#">Crohn's disease</a> , moderately to severely active <a href="#">ulcerative colitis</a> , and moderately to severely active <a href="#">rheumatoid arthritis</a> .		
<b>DIN</b>	02511576 02511584	<b>Strength &amp; form</b>	120 mg/mL pre-filled syringe 120 mg/mL pre-filled pen
<b>Special notes</b>	The Remsima™ SC products are a sterile solution for subcutaneous (SC) administration. Previously, only intravenous (IV) formulations of infliximab were available for Special Authority coverage.		

<b>Drug name</b>	<a href="#">Cariprazine (Vraylar®)</a>		
<b>Date</b>	February 4, 2025		
<b>Indication</b>	Treatment of schizophrenia in adults.		
<b>DIN</b>	02526794 02526808 02526816 02526824	<b>Strength &amp; form</b>	1.5 mg capsule 3 mg capsule 4.5 mg capsule 6 mg capsule

## Coverage modification: Secukinumab (Cosentyx®)

Purpose of coverage modification: Adding new DIN.

<b>Drug name</b>	Secukinumab (Cosentyx®)		
<b>Date</b>	January 28, 2025		
<b>Indication</b>	Treatment of adults with moderate to severe plaque psoriasis, active ankylosing spondylitis, and active psoriatic arthritis.		
<b>DIN</b>	02547724	<b>Strength &amp; form</b>	150 mg/mL pre-filled syringe
<b>Special notes</b>	Previously, DIN 02438070 was used to represent the 150 mg/mL pre-filled pen and pre-filled syringe. Once available on the market (anticipated in April 2025), DIN 02547724 will be assigned to the 150 mg/mL pre-filled syringe while DIN 02438070 will remain assigned to the 150 mg/mL pre-filled pen.		

## Non-benefits: Efgartigimod Alfa (Vyvgart®)

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

<b>Drug name</b>	Efgartigimod Alfa (Vyvgart®)		
<b>Date</b>	January 8, 2025		
<b>Indication</b>	As an add-on therapy for acetylcholine receptor antibody positive (AChR-Ab+) generalized myasthenia gravis (gMG) adult patients whose symptoms persist despite adequate treatment with acetylcholinesterase inhibitors (AChEIs), corticosteroids (CSs), and/or non-steroidal immunosuppressants (NSISTs).		
<b>DIN</b>	02541599	<b>Strength &amp; form</b>	400 mg/20 mL (20 mg/mL) solution, for intravenous use

## Plan P benefit: Oxycodone controlled-release (Apo-oxycodone CR)

A controlled-release (CR) formulation of oxycodone manufactured by Apotex Inc. (Apo-Oxycodone CR 5 mg) has been added to the [PharmaCare Plan P](#) formulary.

<b>Drug name</b>	Oxycodone HCL CR (Apo-oxycodone CR)		
<b>Date</b>	January 16, 2025		
<b>Indication</b>	For the management of pain severe enough to require daily, continuous, long-term opioid treatment that is opioid-responsive, and for which alternative options are inadequate.		
<b>DIN</b>	02366746	<b>Strength &amp; form</b>	5 mg tablet

## 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
omaveloxolone (TBC)	Friedreich's ataxia (FA) in adults and adolescents aged 16 years and older	January 29 to February 25 at 11:59 pm
crovalimab (TBC)	Paroxysmal nocturnal hemoglobinuria (PNH)	January 29 to February 25 at 11:59 pm

Your Voice has extended the input window for the following drugs:

Drug	Indication	Input window
donanemab (TBC)	Alzheimer's disease in patients with mild cognitive impairment or mild dementia stage of disease	December 23 to February 19 at 11:59 pm



### Did you know?

PharmaCare introduced the [Children in the At Home Program \(Plan F\)](#) in 1989, to support children with complex disabilities to live at home by assisting the children's families with the cost of the child's medications.