

# BC PHARMACARE NEWSLETTER

Edition 26-001: January 2026

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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 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 *Sən'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.

[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 is the role of Duavive in the management of menopause symptoms?

**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!



## Adverse reactions and clinical conditions in PharmaNet patient profiles

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PharmaCare is reminding pharmacists to enter only clinical information about a client's allergies and clinical conditions in PharmaNet, and not related notes about the client.

Clients will receive this information when they request their PharmaNet profile, and related notes entered by the pharmacy may be confusing or even detrimental to their care. It is important to upload allergy and clinical information to PharmaNet, but related notes about the client should be recorded only in your local system.

To request the removal of an incorrect entry in the Adverse Reaction or Clinical Condition field on a PharmaNet profile, please complete the [HLTH 5550 - Request to Inactivate Adverse Reaction/Clinical Condition on PharmaNet Profile \(PDF, 1MB\)](#), and fax to the PharmaNet Data Quality Services Team at 250-953-0486.

### Resources

- [HLTH 5550 - Request to Inactivate Adverse Reaction/Clinical Condition on PharmaNet Profile \(PDF, 1MB\)](#)
- PharmaNet Data Quality Services Team
  - Email: [PharmaNet@gov.bc.ca](mailto:PharmaNet@gov.bc.ca)
  - Fax: 250-953-0486

## New P&O coverage maximum based on Canadian pricing

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Effective January 1, 2026, PharmaCare will cover prosthetic and orthotic (P&O) components up to the cost of the lowest-priced component available from a Canadian supplier. The pricing policy update supports buy-Canadian initiatives, and responds to challenges when a "lowest-cost equivalent" component is only available through an international supplier.

PharmaCare previously funded the lowest-cost component available, regardless of supplier location. Now, when the same or similar component is offered at different prices by two or more suppliers, PharmaCare will cover the cost of the lowest-priced component from a Canadian supplier. If a component is not available from a Canadian supplier, then PharmaCare will usually cover the lowest available price amount.

This change informs only the maximum that PharmaCare will cover for a component; PharmaCare will continue to fund components from non-Canadian suppliers. However, PharmaCare strongly encourages prosthetist and orthotist providers to order components from Canadian suppliers where possible.

For more information, visit the [Prosthetic and Orthotic Policy Manual](#).

### Resources

- [Prosthetic and Orthotic Policy Manual](#)

## PharmaCare now accepts P&O prescriptions from NPs

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PharmaCare now accepts prescriptions from nurse practitioners (NPs) to support applications for coverage of new and upgraded prosthetic and orthotic (P&O) devices and supplies.

NPs must be licensed in B.C. and knowledgeable about prostheses or orthoses. BC College of Nurses and Midwives (BCCNM) and the Ministry of Health's Professional Regulation Branch have confirmed that prescribing prostheses and orthoses falls within an NP's scope of practice.

The NP's name and BCCNM license number can be entered as the referring practitioner information on PharmaCare coverage applications and payment invoices.

In some cases, PharmaCare requires a written recommendation from a specialist or multi-disciplinary team to consider coverage. For full details, refer to [Prosthetic and Orthotic Policy Manual, Section 5.1.4: Devices requiring an assessment by a multi-disciplinary team or specialist physician](#).

For more information, visit the [Prosthetic and Orthotic Policy Manual](#) and [Forms for Medical Device Providers](#).

### Resources

- [Prosthetic and Orthotic Policy Manual](#)
- [Forms for Medical Device Providers](#)

## Reminder: Include PHN on SA forms

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The PharmaCare [Special Authority \(SA\)](#) team is receiving many forms that are missing the patient's Personal Health Number (PHN). The team is reminding prescribers to include all necessary information when submitting SA forms.

SA forms with missing information are returned to the prescriber to complete and re-submit, which causes delays in coverage.

Prescribers are also encouraged to use [SA eForms](#) to submit requests, as the turnaround time is often quicker than faxed forms.

### Resources


- [Special Authority \(SA\)](#)
- [Special Authority eForms](#)


## BC PharmaCare wishes you a Happy New Year!


**2026 NEW YEARS RESOLUTION**  
**SUBSCRIBE TO THE PHARMACARE NEWSLETTER**  
**CLICK AND SUBSCRIBE NOW**   
 Get notified of PharmaCare news 


## Policy Spotlight: Drug administration fee

**POLICY SPOTLIGHT: DRUG ADMINISTRATION FEE** 


When a pharmacist administers an eligible injection, they must claim the **PharmaCare drug administration fee (\$11.41)**. Pharmacists cannot charge the patient for the service under the [Full Payment Policy](#). 



**The drug administration fee cannot be claimed for:** 


- Vaccines indicated for travel
- Insulins
- Low molecular weight heparins (LMWH)
- Glucagon-like peptide-1 receptor agonists
- Products designed for patient self-injection

The maximum PharmaCare reimburses for a combination of medication review services, clinical services, or **drug administration** for the same client, on the same day, from the same pharmacy, is **\$78.00**. 

**How to claim the drug administration fee in PharmaNet**  
 The pharmacist must enter the claim in PharmaNet on the date of injection.

- Enter P1 in PractIDRef (for CPBC) and your CPBC ID for PractID
- Use PIN 66128366
- For Quantity, enter 1
- Do not enter a drug cost or fee
- In SIG field, enter DIN\_generic\_name\_route\_admin site, e.g., 0273497\_VitB12\_IM\_LEFT 

 Learn more about the drug administration fee in the PharmaCare Policy Manual, Section 8.10: Pharmacist administration of drugs and vaccines 

Policy Spotlight: Drug administration fee 

### Resources

- [Drug administration fee](#)
- [PharmaCare Policy Manual, Section 8.10: Pharmacist Administration of Drugs and Vaccines](#)
- [PharmaCare Policy Manual, Section 5.10: Full Payment Policy](#)

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

Pharmacies are encouraged to order Rapid Antigen Test 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).

## 2026 new year reminders

### 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 \(PDF, 98KB\)](#)

### Blood glucose test strip annual quantity limits

On January 1, 2026, clients were 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 was 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

WEEKLY PERIODS	REGULAR	PAYMENT 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 16, 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 2, 2026	March 9, 2026	March 16, 2026
March 9, 2026	March 16, 2026	March 23, 2026
March 16, 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 6, 2026
June 30, 2026	July 6, 2026	July 13, 2026
July 7, 2026	July 13, 2026	July 20, 2026
July 14, 2026	July 20, 2026	July 27, 2026

- 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

## Fair PharmaCare information sheet in 15 languages

It's a great time of year to print copies of the [Fair PharmaCare information sheet](#) to have on hand. The information sheet explains in plain language Fair PharmaCare deductibles, eligible costs, the monthly payment option and more. You may also want to post the [QR codes for PharmaCare information sheets](#) for clients. They are available in 15 languages.

- [Fair PharmaCare information sheet](#)
- [PharmaCare information sheet QR matrix](#)

# 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!



## Formulary and listing updates

### Limited coverage benefits: aripiprazole (Abilify Asimtufii®), belumosudil (Rezurock™), mylife™ YpsoPump® Starter Kit

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

<b>Drug name</b>	<a href="#">aripiprazole (Abilify Asimtufii®)</a>		
<b>Date</b>	December 17, 2025		
<b>Indication</b>	Management of the manifestations of schizophrenia or related psychotic disorders (not dementia-related)		
<b>DINs</b>	02554569 02554577	<b>Strength &amp; form</b>	720 mg/2.4 mL suspension in a pre-filled syringe for intramuscular injection 960 mg/3.2 mL suspension in a pre-filled syringe for intramuscular injection
<b>Notes</b>	Patients with existing Special Authority coverage for aripiprazole injection (Abilify Maintena®) will automatically receive Special Authority coverage for Abilify Asimtufii		

<b>Drug name</b>	<a href="#">belumosudil (Rezurock™)</a>		
<b>Date</b>	December 17, 2025		
<b>Indication</b>	For the treatment of patients aged 12 years and older with chronic graft-versus-host-disease (cGvHD) after failure of at least two prior lines of systemic therapy		
<b>DIN</b>	02526115	<b>Strength &amp; form</b>	200 mg oral tablet
<b>Notes</b>	Belumosudil has been added to the <a href="#">High-cost drugs</a> list with an allowed markup of 1%		

### mylife™ YpsoPump® Starter Kit

Effective December 17, 2025, Ypsomed AG's mylife YpsoPump Starter Kit has been added as a limited coverage benefit. The mylife YpsoPump Starter Kit replaces the existing YpsoPump Starter Kit. The existing infusion sets and reservoirs are compatible with the mylife YpsoPump.

A new PIN has been created for the mylife YpsoPump Starter Kit (PIN 45230021). The PINs for the Ypsomed infusion sets and reservoirs remain the same. All PINs for starter kits, infusion sets and reservoirs can be found at [Diabetes Product Identification Numbers \(PINs\)](#).

The mylife YpsoPump can be paired with the Dexcom G6 Continuous Glucose Monitor and, when used with the mylife CamAPS FX mobile application, creates a hybrid-closed loop system that offers automated insulin delivery. This is the first HCL insulin delivery system with PharmaCare coverage.

The mylife YpsoPump Starter Kit will be available to PharmaCare-covered patients at an eligible cost of \$7,000, subject to their PharmaCare plan rules (e.g., annual deductibles and family maximums). The updated prices of infusion sets and reservoirs are listed in the table below.

Product	PIN	Previous price per unit	New price per unit	Effective date of new price
YpsoPump® Orbit soft	46340034	\$10.00	\$10.50	December 17, 2025
YpsoPump Inset®	46340035	\$10.00	\$10.00	
YpsoPump® Orbit micro	46340036	\$10.00	\$10.50	
YpsoPump® Reservoir	47450009	\$6.70	\$5.50	February 6, 2026

<b>Drug name</b>	<a href="#">mylife™ YpsoPump® Starter Kit</a>		
<b>Date</b>	December 17, 2025		
<b>Indication</b>	For the management of diabetes mellitus		
<b>PIN</b>	45230021	<b>Strength &amp; form</b>	Insulin pump
<b>Compatible glucose monitor(s)</b>	Dexcom G6 (PharmaCare Benefit)	<b>Compatible insulins</b>	Admelog®, Apidra® (PharmaCare Benefits)  NovoRapid® and Humalog® (Non-Benefits)

## Non-benefits: trofinetide (Daybue®), semaglutide (Wegovy®)

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

<b>Drug name</b>	<a href="#">trofinetide (Daybue®)</a>		
<b>Date</b>	December 1, 2025		
<b>Indication</b>	For the treatment of Rett syndrome (RTT) in adults and pediatric patients 2 years of age and older and weighing at least 9 kg		
<b>DIN</b>	02552523	<b>Strength &amp; form</b>	200 mg/mL oral solution

<b>Drug name</b>	<a href="#">semaglutide (Wegovy®)</a>		
<b>Date</b>	December 18, 2025		
<b>Indication</b>	As an adjunct to a reduced calorie diet and increased physical activity for chronic weight management in adult patients with a body mass index (BMI) 27 kg/m <sup>2</sup> or greater and established cardiovascular disease (CVD), defined as myocardial infarction (MI), prior stroke, or peripheral artery disease (PAD)		
<b>DINs</b>	02528509 02528517 02528525 02528533 02528541	<b>Strength &amp; form</b>	0.25 mg pre-filled pen 0.5 mg pre-filled pen 1 mg pre-filled pen 1.7 mg pre-filled pen 2.4 mg pre-filled pen

PharmaCare is unable to list Wegovy because the manufacturer, Novo Nordisk, has stated that they are no longer seeking public coverage of Wegovy in Canada. The Pan-Canadian Pharmaceutical Alliance (pCPA) concluded negotiations without agreement, citing that the manufacturer declined to negotiate.

The Ministry of Health will review manufacturer submissions for generic brands of semaglutide for all approved indications when they are available on the market.

## Discontinuations: Levemir® Penfill®, epinephrine bitartrate (Emerade®), epinephrine (Allerject®), Novolin® insulin products

### Levemir® Penfill®

Novo Nordisk Canada Inc. has [discontinued the insulin detemir product Levemir® Penfill®](#), effective December 31, 2025. As of February 28, 2026, Levemir Penfill will become a PharmaCare non-benefit.

Patients currently using Levemir Penfill should make an appointment with their prescriber to discuss switching to an alternative insulin product. Pharmacists can also help patients switch by [adapting an existing Levemir prescription](#) to another, similar insulin product by therapeutic substitution.

Patients with existing Special Authority (SA) coverage for Levemir automatically have SA coverage for insulin glargine (Basaglar®, Semglee®). Coverage does not need to be renewed. For patients covered under Plan W, Basaglar and Semglee are regular benefits.

<b>Drug name</b>	insulin detemir (Levemir® Penfill®)		
<b>Discontinuation date</b>	<a href="#">December 31, 2025</a>		
<b>Drug class</b>	Basal insulin		
<b>DIN</b>	02271842	<b>Strength &amp; form</b>	100 U/mL, solution for subcutaneous injection in a 3 mL cartridge

## Epinephrine bitartrate (Emerade®), epinephrine (Allerject®)

As of February 6, 2026, epinephrine bitartrate (Emerade®) and epinephrine (Allerject®) will become PharmaCare non-benefits, as these products are being discontinued.

<b>Drug name</b>		epinephrine bitartrate (Emerade®)	
<b>Drug class</b>		sympathomimetics	
<b>DINs</b>	02458446	<b>Strength &amp; form</b>	0.3 mg/0.3 mL pre-filled pen
	02458454		0.5 mg/0.5 mL pre-filled pen

<b>Drug name</b>		epinephrine (Allerject®)	
<b>Drug class</b>		sympathomimetics	
<b>DINs</b>	02382059	<b>Strength &amp; form</b>	0.15 mg/0.15 mL single-use autoinjector
	02382067		0.3 mg/0.3 mL single-use autoinjector

## Novolin® insulin products

As described in the [November 2025 PharmaCare Newsletter \(PDF, 605KB\)](#), Novo Nordisk has discontinued the following Novolin® insulin products. Refer to the table below for alternate treatment options; all are PharmaCare regular benefits. For any questions about interchangeability or therapeutic substitution of insulin products, pharmacists can email the College of Pharmacists of BC practice support at [practicesupport@bcpharmacists.org](mailto:practicesupport@bcpharmacists.org).

Discontinued product	Active ingredient	Form	DIN	Alternate treatment options
Novolin®ge NPH Penfill®	isophane (NPH) insulin human	3 mL cartridge	02024268	Novolin®ge NPH 10 ml vial or Humulin® N cartridge
Novolin®ge Toronto Penfill®	insulin regular human	3 mL cartridge	02024284	Novolin®ge Toronto 10 ml vial or Humulin® R cartridge
Novolin®ge 30/70 Penfill®	insulin regular human/isophane (NPH) insulin human 30/70	3 mL cartridge	02025248	Novolin®ge 30/70 10 ml vial or Humulin® 30/70 cartridge

## Price reduction: filgrastim (Nypozi and Grastofil®), nirmatrelvir/ritonavir (Paxlovid®)

Effective February 6, 2026, the prices for the following products will be reduced. Prices include 8% markup.

Drug name	Nypozi	Strength & form	Current price per unit (\$)	Reduced price per unit (\$)
Date effective	February 6, 2026			
DINs	02521008	480 mcg/0.8 mL pre-filled syringe	239.3971	182.6142
	02520990	300 mcg/0.5 mL pre-filled syringe	149.6201	114.1342

Drug name	Grastofil®	Strength & form	Current price per unit (\$)	Reduced price per unit (\$)
Date effective	February 6, 2026			
DINs	02454548	480 mcg/0.8 mL pre-filled syringe	239.3928	182.6142
	02441489	300 mcg/0.5 mL pre-filled syringe	149.6210	114.1342

Drug name	Paxlovid®	Strength & form	Current price per unit (\$)	Reduced price per unit (\$)
Date effective	February 6, 2026			
DIN	02527804	150-100 mg tablet per dose (renal dosing package)	1,391.9904	626.4000
Note	The price adjustment applies to the renal dose package of Paxlovid only. The price of the 300-100 mg dose package (DIN 02524031) remains unchanged			

## 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
maralixibat (Livmarli®)	Progressive familial intrahepatic cholestasis (PFIC) in patients 3 months of age and older	December 31 - January 27 at 11:59 pm
avacincaptad pegol (Izervay™)	Non-foveal geographic atrophy (GA) secondary to age-related macular degeneration (AMD)	December 31 - January 27 at 11:59 pm
lecanemab (Leqembi®)	Adult patients with Alzheimer's disease	December 31 - January 27 at 11:59 pm
seladelpar (Lyvdelzi®)	Primary biliary cholangitis (PBC) in adults	December 31 - January 27 at 11:59 pm
palopegteriparatide (TBC)	Chronic hypoparathyroidism (hypoPT) in adults	December 31 - January 27 at 11:59 pm
epinephrine nasal spray (neffy™)	Emergency treatment of type I allergic reactions, including anaphylaxis, in adult and pediatric patients	December 31 - January 27 at 11:59 pm
vamorolone (Agamree®)	Duchenne muscular dystrophy (DMD) in patients 4 years of age and older	December 31 - January 27 at 11:59 pm
nipocalimab (TBC)	Generalized myasthenia gravis (gMG) in adult and adolescent patients	December 31 - January 27 at 11:59 pm

### Did you know?



As of the 2023/24 fiscal year, PharmaCare covers 6,241 products.

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