

BC PHARMACARE NEWSLETTER

Edition 25-007: July 2025

Table of Contents

Regulatory change keeps tirzepatide and dulaglutide for B.C. residents, Canadian citizens and permanent residents	2
PharmaNet entry when client is prescribed both witnessed and non-witnessed PA.....	3
Pharmacies to provide permanent, monitored email address by August 31, 2025	4
PharmaCare Trends 2023/24	5
Controlled prescription forms, physician prescribing authority.....	6
TI Letter: Oral vs IV antibiotics	7
Confidentiality and third-party insurers	7
RAT kit payment update.....	8
Exchange rate update for prosthetic and orthotic components	8
Measles cases on the rise	9
Strategies to reduce pill burden	9
Community pharmacy services return to Lytton	10
Policy Spotlight: Veterinary prescriptions.....	10
Drug shortages	11
Formulary and listing updates	11
Your Voice: Input needed for drug decisions.....	12



The current edition of [PAD Refills](#) is titled **Split, open, sprinkle: navigating ADHD medication formulations.**

Make sure to [subscribe](#) so you don't miss out on news and updates!

The PharmaCare Newsletter team works from the territory of the ɫəkʷəŋən 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 Pharmaceutical, Laboratory & Blood Services Division to provide information to British Columbia's healthcare providers.

gov.bc.ca/pharmacies
gov.bc.ca/programs
gov.bc.ca/deviceproviders



Regulatory change keeps tirzepatide and dulaglutide for B.C. residents, Canadian citizens and permanent residents

The Minister of Health approved a [Ministerial Order 226](#) to keep B.C. supplies of tirzepatide (Mounjaro®) and dulaglutide (Trulicity®) in the province. The Ministerial order adds tirzepatide and dulaglutide to the [Drug Schedules \(Limits on Sale\) Regulation](#).

Tirzepatide and dulaglutide sold by a B.C. pharmacy must be:

- Sold to a citizen or permanent resident of Canada, and/or
- Sold directly to the person, while the person is on the premises of the pharmacy

In April 2023, the provincial government added a “limits on sale” regulation to the Pharmacy Operations and Drug Scheduling Act to prevent sales of semaglutide (Ozempic®, Wegovy®, Rybelsus®) to non-Canadian residents, to limit the impact of a supply shortage.

Resources

- [Drug Schedules \(Limits on Sale\) Regulation](#)
- College of Pharmacists of BC’s [Professional Practice Policy-54](#)

[Article added on July 17, 2025]

PharmaNet entry when client is prescribed both witnessed and non-witnessed PA

Following the [June 18 update](#), PharmaCare is providing further instruction on recording prescribed alternatives (PA) consumption in PharmaNet.

When dispensing a prescription for PA to a client which includes both witnessed and non-witnessed doses, pharmacies should enter both intervention codes "VS – Other outcome or intervention" in PharmaNet for the witnessed dose, and code "SA – Prescribed safer alternative" for the subsequent non-witnessed doses.

Pharmacists are asked to note the details of the witnessed and non-witnessed doses in brackets at the end of the SIG field, e.g.: (Witness # times daily). Use numerals ("1, 2" instead of "once, twice") to minimize the truncation of directions recorded in PharmaNet (limit = 80 characters).

Prescribed alternative scenario	Intervention code to use
Witnessed	First interaction of day: VS Subsequent interactions same day: VS and UF
Witnessed with carries	First interaction of day: VS and SA Subsequent interactions same day: VS and UF
Not witnessed	First dispense of day: SA Subsequent dispenses same day: SA and UF

Examples of order entry

Example 1			
RX: Hydromorphone 8 mg tablets – 1-3 tablets q1h as needed up to 14 tablets provided daily. (SA witness)			
Dispense # in day	SIG/Directions	Quantity to PNet	Intervention codes
First	Take 1-3 tablets every hour as directed to max of 14 tablets daily (Witness)	3	VS
Second	Take 1-3 tablets every hour as directed to max of 14 tablets daily (Witness)	3	VS and UF
Third	Take 1-3 tablets every hour as directed to max of 14 tablets daily (Witness)	3	VS and UF

Example 2			
RX: Hydromorphone 8 mg tablets – 1-3 tablets q1h as needed up to 14 tablets provided daily. (SA witness first dose with remainder as carry)			
Dispense # in day	SIG/Directions	Quantity to PNet	Intervention codes
First	Take 1-3 tablets every hour as directed to max of 14 tablets daily (Witness 1 time daily)	14	VS and SA

Example 3			
RX: Hydromorphone 8 mg tablets – 1-3 tablets q1h as needed up to 14 tablets provided daily. (SA witness twice daily with remainder as carry)			
Dispense # in day	SIG/Directions	Quantity to PNet	Intervention codes
First	Take 1-3 tablets every hour as directed to max of 14 tablets daily (Witness 2 times daily)	7	VS and SA
Second	Take 1-3 tablets every hour as directed to max of 14 tablets daily (Witness 2 times daily)	7	VS and UF

Entry requirements for recording PA in PharmaNet were outlined in the [June 2025 PharmaCare Newsletter \(PDF, 699KB\)](#).

Resources

- [June 2025 PharmaCare Newsletter \(PDF, 699KB\)](#)

Pharmacies to provide permanent, monitored email address by August 31, 2025

PharmaCare providers are now required to register an email with HIBC that is permanent and checked daily. Between July 1 and August 31, pharmacies are asked to submit a [PharmaCare Provider Change form \(PDF, 1.3MB\)](#), completing the cover page, updating the email fields in Part A, and checking if Parts C and D are also implicated, if:

- You registered as a provider with an email that is no longer in use
- You don't know which email we have on file
- The email we have on file isn't checked daily
- You need to update other contact information, or information related to your business name, owner, manager, location, power of attorney, sub-class, or give notice of a disposition or closure

The email may be subsequently updated, following business changes.

We spend a lot of time trying to reach providers, since many emails on file are defunct or rarely checked. Your support for this initiative is greatly appreciated.



Provide a permanent email for your pharmacy

» between July 1– August 31

Submit a PharmaCare Provider Change form to register an email with HIBC that is monitored daily

PHARMACARE

✓

The banner features a dark blue background on the left and a yellow background on the right. It includes a laptop icon with a speech bubble containing a yellow envelope labeled 'PHARMACARE' with a red '1' notification bubble. A calendar icon is also present.

Resources

- [HLTH 5433 – PharmaCare Provider Change form \(PDF, 1.3MB\)](#)

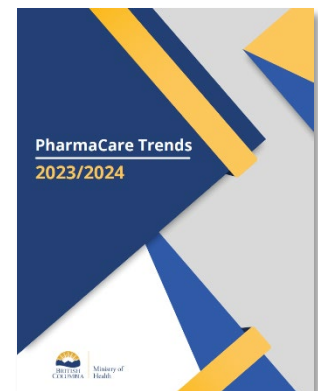
PharmaCare Trends 2023/24

The latest edition of [PharmaCare Trends 2023/24 \(PDF, 713KB\)](#) is now available. The report highlights progress in delivering an effective, balanced and responsive PharmaCare program, with sections detailing expenditures by PharmaCare plan, the top ten drugs covered, formulary expansion, and more.

This document is published annually by the British Columbia Ministry of Health. It provides information about the PharmaCare program for health researchers, government staff and the public.

Data in this publication is from the fiscal year 2023-2024 and is about claims for drugs and medical devices and supplies for which PharmaCare contributed at least a portion of the cost.

Read previous editions of PharmaCare Trends on the [PharmaCare publications](#) web page.



Resources

- [PharmaCare Trends 2023/24 \(PDF, 713KB\)](#)
- [PharmaCare publications](#)

Controlled prescription forms, physician prescribing authority

The College of Physicians and Surgeons of British Columbia (CPSBC) is providing guidance on faxed controlled prescriptions with visible security watermarks, and how physician licence terminology relates to prescribing authority.

Faxed controlled prescription forms

Due to the design of duplicate prescription pads, the “VOID” security watermark may occasionally be visible when a controlled prescription form is faxed to a pharmacy. This does not necessarily mean the prescription is invalid. The watermark is a security feature to prevent patients from forging prescriptions or copying prescriptions on colour copiers.

Pharmacists are advised to look out for forgeries and are encouraged to contact the prescriber’s office directly to verify the prescription if they have concerns.

Licence terminology and prescribing authority

The physician licence status “Not Licensed for Independent Practice” indicated in the [CPSBC registrant directory](#) does not impact a physician’s ability to issue valid prescriptions.

Residents in UBC medical programs who hold the licence status “Not Licensed for Independent Practice” have prescribing privileges and are supervised by program preceptors. Their licences are reviewed, automatically recognized and loaded into the PharmaNet system. While active registration and the presence of a practitioner’s licence in PharmaNet does not necessarily prove prescribing authority, generally, practitioners within this licence class do have prescribing authority.

Pharmacists are asked to contact CPSBC’s Drug Programs department by emailing drugprograms@cpsbc.ca or by phone at 604-733-7758 (ext. 2629) if they have any questions.

Timely access to prescribed medications is essential, and CPSBC values the collaboration between physicians and pharmacists in supporting patient care.

Resources

- [Registrant directory – CPSBC](#)

TI Letter: Oral vs IV antibiotics



The Therapeutics Initiative recently published a Therapeutics Letter that reviewed the evidence that compared oral versus intravenous antibiotics.

Visit [Oral vs IV antibiotics](#) to read the Letter.

Resources

- [Therapeutics Initiative – \[155\] Oral vs IV antibiotics](#)

Confidentiality and third-party insurers

Pharmacists are encouraged to get a client's consent before sharing dispense information with third-party insurers. Confidentiality can be a concern to clients for some medications.

All healthcare professionals in British Columbia are required to treat information as confidential to the individual client, unless there is a serious safety concern. In the case of third-party billing, privacy requirements are different.

Medications billed to a private insurance plan are accessible to the account holder, who could be a parent or spouse, and who may see the medication name, date, and cost in an insurance statement or online portal.

Pharmacists are encouraged to ask clients if they have concerns about the confidentiality of any of their prescriptions. Such prescriptions could include contraceptives, sexual and mental health medications, gender-affirming therapies, substance use disorder treatment and palliative care.

For any prescription, taking care not to stigmatize certain medications, pharmacists can explain to a client: *It looks as if you have both PharmaCare and extended health coverage with another insurer. Would you like me to submit to both? A record of the transaction will be provided to the account holder of the extended health plan, if I do. Do you have any questions or concerns?*

If a client has concerns, pharmacists can offer to remove the third-party insurance from a prescription, before billing only PharmaCare. Pharmacies are not obligated to share medication records with third-party insurers.

If the full cost of the medication is covered by PharmaCare or subject to the full payment policy, the client pays nothing. If the prescription is only partially covered by PharmaCare, the pharmacist needs to explain to the client that they will have to pay some of the cost and a dispensing fee, which may have been covered by the third-party insurer.

The PharmaCare communications team is also making efforts to inform the public that they can ask to withhold third-party billing when they have confidentiality concerns.

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
April 2025	July 8, 2025

RAT kit distribution fee program ends

As announced in the [May 2025](#) and [June 2025 PharmaCare Newsletters](#), PharmaCare has ended the RAT kit distribution fee program. The last day to submit claims for the [PharmaCare RAT kit distribution fee](#) was June 30, 2025.

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).

Resources

- [May 2025 PharmaCare Newsletter \(PDF, 450KB\)](#)
- [June 2025 PharmaCare Newsletter \(PDF, 685KB\)](#)
- [PharmaCare Policy Manual, Section 8.15: Rapid antigen test kit distribution](#)
- [2025 PharmaCare Provider Payment Schedule \(PDF, 120KB\)](#)

Exchange rate update for prosthetic and orthotic components

As of June 5, 2025, PharmaCare's exchange rate has decreased from \$1.4305 to \$1.3659. PharmaCare's price list for P&O components is adjusted periodically, based on changes to the U.S. exchange rate posted by the Bank of Canada. When the rate changes by at least 5 cents over at least 5 consecutive business days, PharmaCare's exchange rate is adjusted to reflect the new rate.



Measles cases on the rise

[Measles cases](#) are increasing in B.C. The public is being reminded to get vaccinated.

Here is a PINs reminder for claiming the vaccine administration fee of \$12.10:

- Measles, mumps, rubella: Measles, mumps, rubella: MMR-11 (66124781); Priorix™ (66124834)
- Measles, mumps, rubella, and varicella virus: Proquad® (66128068); Priorix-Tetra (66128069)

Key resources: [Part 4–Biological Products](#) of the [BCCDC Immunization Manual](#)

Strategies to reduce pill burden

Reducing a patient's pill burden means working to reduce the number of pills that a client takes daily. This can help support adherence and may lead to cost savings at the pharmacy for clients.

Pharmacists can consider the following strategies to reduce a client's pill burden:

- Consolidate medications by using combination products where possible (for example, a combination ramipril/hydrochlorothiazide tablet instead of two separate tablets of both drugs)
- Use fewer higher strength pills instead of more smaller dose pills (for example, citalopram 20 mg instead of two 10 mg tablets)
- Use longer-acting or once-daily formulations when appropriate (for example, bupropion XL formulation for once-daily dosing instead of bupropion SR for twice-daily dosing)
- Synchronize dispenses by aligning medication refill dates. This can reduce the number of trips to the pharmacy and simplify a client's medication schedules
- Deprescribe medications that are no longer necessary. This may require discussion with a client's primary care team



Keep in mind that PharmaCare coverage may differ between strengths and formulations; be sure to discuss this with your clients who are interested in changing their dosing and/or regimen to reduce pill burden. You can use the [PharmaCare Formulary Search](#) to check a drug's PharmaCare coverage.

Resources

- [Adapting prescriptions](#)
- [PharmaCare Formulary Search](#)

Community pharmacy services return to Lytton



The Lytton Pharmacy celebrated its grand re-opening on June 1, 2025, following the July 2021 wildfire that destroyed much of Lytton. The pharmacy rebuild was enabled by funding from the [Lytton Business Restart Program](#), and was supported by partners such as the First Nations Health Authority, Ministry of Health, and the College of Pharmacists of British Columbia. A temporary site for the pharmacy was provided by the First Nations Health Authority, near the Lytton First Nation Health Centre.

Policy Spotlight: Veterinary prescriptions

POLICY SPOTLIGHT: VETERINARY PRESCRIPTIONS

Veterinary prescriptions for animals are never a PharmaCare benefit, even if the same drug would be a benefit for a human.

Any veterinary prescription dispensed in a community pharmacy must be:

- Written by a veterinarian – physicians are not permitted to prescribe drugs for animals
- Entered in PharmaNet under the owner's PHN, and
- Clearly identified as a dispense for an animal

To prevent the drug from adjudicating in PharmaNet as a PharmaCare benefit:

- Use the veterinarian's licence number as the Practitioner ID
- Use **V9** as the reference code for the College of Veterinarians of B.C.

This ensures the drug does not appear on the pet owner's record as a dispense for them, which would affect drug utilization evaluation (DUE) results.

Learn more in the PharmaCare Policy Manual, [Section 3.20 Veterinary Prescriptions](#)

Policy Spotlight: Veterinary Prescriptions

Resources

- [PharmaCare Policy Manual, Section 3.20: Veterinary Prescriptions](#)

Drug shortages

Mixed salt amphetamines (multiple DINs)

Effective June 5, 2025, there is a shortage of mixed salt amphetamines (multiple DINs).

As a mitigation measure, PharmaCare has temporarily added the brand name Adderall XR as a limited coverage benefit for patients with existing Special Authority coverage for mixed salt amphetamines.

Multiple resupplies are expected in July, though some strengths may continue to be on shortage.

Resources

- [Drug shortages](#)

Formulary and listing updates

Regular benefit: mesalamine (Mezera®)

PharmaCare has added the following drug as a regular benefit.

Drug name	mesalazine (Mezera®)		
Date	June 18, 2025		
Indication	Tablet: ulcerative colitis Suppository: ulcerative proctitis Foam enema: ulcerative colitis		
DINs	02524481 02545012 02474018 02474026	Strength & form	500 mg oral delayed-release tablet 1 g oral delayed-release tablet 1 g rectal suppository 1 g/actuation rectal foam enema
Special notes	Mesalamine is also known as mesalazine.		

Non-benefits: inebilizumab (Uplizna®), belimumab (Benlysta™)

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

Drug name	inebilizumab (Uplizna®)		
Date	May 28, 2025		
Indication	As a monotherapy for the treatment of adult patients with neuromyelitis optica spectrum disorders (NMOSD) who are anti-aquaporin-4 immunoglobulin G (AQP4-IgG) seropositive.		
DIN	02543931	Strength & form	100 mg/10 mL solution for intravenous infusion

Drug name	belimumab (Benlysta™)		
Date	June 11, 2025		
Indication	In addition to standard therapy, for the treatment of active lupus nephritis (LN) in adult patients.		
DINs	02370050 02370069 02470489	Strength & form	120 mg/5 mL vial 400 mg/ 20 mL vial 200 mg/mL autoinjector for intravenous infusion
Special notes	BC Renal will provide funding for belimumab (Benlysta) on a restricted basis to individuals with LN who meet criteria, and the drug is prescribed by a Health Authority Renal Program registered nephrologist.		

Your Voice: Input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is integral to [PharmaCare'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 webpage.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
Tofersen (Qalsody™)	For the treatment of adults with amyotrophic lateral sclerosis (ALS)	June 25 to July 22 at 11:59 pm
Teplizumab (Tzield®)	To delay the onset of stage 3 type 1 diabetes in adult and pediatric patients 8 years of age and older	June 25 to July 22 at 11:59 pm
Odevixibat (Bylvay®)	For the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS)	June 25 to July 22 at 11:59 pm

Nemolizumab (TBC)	For the treatment of moderate-to-severe atopic dermatitis (AD) in patients aged 12 years and older	June 25 to July 22 at 11:59 pm
Mirikizumab (TBC)	For the treatment of adult patients with moderately to severely active Crohn's disease	June 25 to July 22 at 11:59 pm



Did you know?

Rosuvastatin calcium was the top drug by number of beneficiaries in the fiscal year 2023-2024. Read [PharmaCare Trends 2023-24 \(PDF, 713KB\)](#) for more PharmaCare facts.