

BC PHARMACARE NEWSLETTER

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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!

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 *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.

gov.bc.ca/pharmacies
gov.bc.ca/programs
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BC PharmaCare launches Plan B Geographic Modifier program

Effective July 1, 2026, BC PharmaCare launched the Plan B Geographic Modifier (GeoMod) program to support pharmacies serving PharmaCare Plan B long-term care (LTC) facilities in B.C.

Under the GeoMod program, PharmaCare pays pharmacies a \$15 monthly capitation fee per occupied bed for eligible LTC beds in areas of low population density in B.C. The GeoMod fee supplements the \$65 monthly PharmaCare Plan B [capitation fee](#)

LTC beds in areas designated “Remote” to “Medium Urban” as defined by the BC Community Health Service Areas (CHSAs) are eligible for the GeoMod fee.

Pharmacies can begin submitting GeoMod claims for eligible LTC beds serviced from July 2026 onwards.

PharmaCare will also pay pharmacies retroactively for eligible Plan B LTC beds serviced from April 1, 2026, to June 30, 2026. Instructions for how to claim retroactive GeoMod fees will be communicated in a future edition of the PharmaCare Newsletter.

For more information on eligibility and instructions on how to submit claims, visit [Plan B Geographic Modifier program](#)

Resources

- [Plan B Geographic Modifier program](#)

Prescribed alternative witness fees update

PharmaCare payments for claims for witnessing doses of prescribed alternatives (PAs) in May will be delayed due to a technical issue that first must be resolved. Retroactive payments for witnessed doses of PAs recorded in PharmaNet from June 18, 2025, to March 31, 2026, may also be delayed.

Resources

- [PharmaCare Policy Manual, Section 8.16: Prescribed Alternatives Witnessing Fee](#)

Mifepristone/misoprostol coverage, supply, and correct quantities for claims

As of May 7, 2026, Femyo (mifepristone/misoprostol) is covered under [Plan Z \(Assurance\)](#) at no cost for B.C. residents with active MSP coverage. Mifegymiso (mifepristone/misoprostol) remains covered by Plan Z and is a fully covered LCA drug as of June 6, 2026.

Stocking mifepristone/misoprostol

Pharmacies are encouraged to support client access across B.C. to this time-sensitive medication. Please ensure you always have adequate stock to avoid treatment delays. If you are out of stock, help clients find supply (i.e., at a neighbouring pharmacy). Supply can be ordered through wholesalers.

Mifepristone availability at B.C. community pharmacies

A recent study, funded in part by UBC's Faculty of Medicine, found that 34% of surveyed B.C. community pharmacies could not dispense mifepristone within 3 days of receiving a prescription.

[Mifepristone Access Through Community Pharmacies When Regulated as a Routine Prescription Medication](#) explores mifepristone availability in B.C.

Among 1460 pharmacies:

- 66% were able to dispense mifepristone within 3 days
- 12% referred the caller to a dispensing pharmacy
- 23% of pharmacies neither dispensed nor provided a referral

Pharmacies in urban areas were more likely to be non-dispensing and non-referring.

Entering claims in PharmaNet

When dispensing mifepristone/misoprostol, enter the following in PharmaNet:

- Quantity: 1 kit
- Day Supply: 1 day
- DIN for Mifegymiso: 02444038
- DIN for Femyo: 02560569

Did you know? You can now apply for exceptional coverage of mifepristone/misoprostol and contraceptives on the same form, using [Exceptional Coverage: National Pharmacare and Mifepristone/Misoprostol \(PDF, 649KB\)](#)

Resources

- [Guide for Dispensing Mifegymiso for Medical Abortion \(PDF, 483KB\)](#) – Contraception and Abortion Research Team (CART)
- [Plan Z \(Assurance\)](#)
- [PharmaCare Policy Manual, Section 5.11: Low Cost Alternative Program](#)
- [Mifepristone Access Through Community Pharmacies When Regulated as a Routine Prescription Medication](#) – JAMA Network Open
- [Mifegymiso, 200mcg+200mg, Tablet](#) – HealthLinkBC

Take Home Naloxone program begins distributing intranasal naloxone for select community pharmacies

The BC Centre for Disease Control (BCCDC) Take Home Naloxone (THN) program is expanding to include distribution of nasal THN kits through sites across B.C., including community pharmacies.

The THN program provides standardized, pre-assembled BCCDC branded naloxone kits at no cost to any individuals at risk of an opioid poisoning (overdose) or who are likely to witness and respond to an overdose (including people who use substances as well as their family, friends and community members). Access to naloxone and training through the THN program is a critical harm reduction tool for everyone in B.C. to recognize and respond to toxic drug poisonings and save lives.

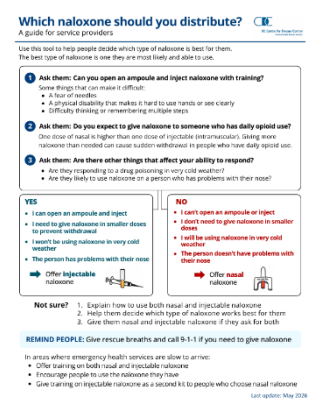
Existing THN community pharmacy sites can now order nasal THN kits through select pharmacy distributors. Intramuscular (injectable) THN kits remain available for ordering, and BCCDC encourages pharmacies to have both formulations of THN kits available.

Pharmacies that are interested in distributing naloxone but are not currently registered as THN sites should reach out to naloxone@bccdc.ca. Approval is informed by community need, risk and existing access to the program based on current surveillance data, and First Nations Health Authority insights.

To help pharmacists and service providers determine which formulation of THN may be most appropriate for individuals or clients, BCCDC has developed the resource [Which Naloxone Should You Distribute? \(PDF, 165KB\)](#). For additional training resources, including updated materials, toolkits and naloxone counselling guidance, visit [Toward the Heart](#)

Resources

- [Which Naloxone Should You Distribute? \(PDF, 165KB\)](#)
- [Toward the Heart](#)



TI Letter: Drug-induced peripheral edema



The Therapeutics Initiative published a new Therapeutics Letter about drug-induced peripheral edema, which is common, but often overlooked. Recognizing medication causes can help prevent unnecessary tests and prescribing cascades.

Read the full letter at [Therapeutics Initiative | \[162\] Drug-induced peripheral edema: a common, overlooked, reversible harm](#)

Resources

- [Therapeutics Initiative | \[162\] Drug-induced peripheral edema: a common, overlooked, reversible harm](#)

Website spotlight: Patient care during states of emergency and evacuations

WEBSITE SPOTLIGHT: PATIENT CARE DURING STATES OF EMERGENCY AND EVACUATIONS

People evacuated during states of emergencies and natural disasters such as wildfires and floods may be without their medications, medication plans, prescriptions or health records.

Pharmacists can support continuity of care for evacuees by applying the following PharmaCare policies.

Extending Special Authority

If a patient needs an extension of recently expired Special Authority coverage, contact the [PharmaCare Help Desk](#).

Travel supply

If a person is leaving B.C. because of the evacuation, the [Travel Supply Policy](#) can be applied.

PharmaNet restrictions

If the patient has a restriction in PharmaNet, call the [PharmaCare Help Desk](#) and request a temporary lifting of the restriction.

LTC residents and Plan B

Sometimes LTC residents are evacuated to a different LTC facility. If the facility provides Plan B, the evacuee usually receives services from the pharmacy that is registered as the Plan B provider.

And more!



Learn more: [Patient care during states of emergency and evacuations](#)

Resources

- [Patient care during states of emergency and evacuations](#)
- [PharmaCare Help Desk](#)
- [Travel Supply Policy](#)

Exchange rate update for prosthetic and orthotic components

As of June 25, PharmaCare's exchange rate has increased from \$1.3659 to \$1.4204. PharmaCare's price list for prosthetic and orthotic 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.



Formulary and listing updates

Limited coverage benefits: sacubitril-valsartan (generics), secukinumab (Cosentyx®)

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

Drug name	sacubitril-valsartan (generics)
Date	June 4, 2026
Indication	For the treatment of heart failure (HF) with reduced ejection fraction in patients with New York Heart Association (NYHA) class II or III HF

DINs	02564432 02549018 02564440 02549026 02564459 02549034	Strength & form	24 mg/26 mg, 49 mg/51 mg, 97 mg/103 mg tablet
Special notes	The brand product for sacubitril-valsartan (Entresto®) will move to a partial benefit on July 4, 2026.		
Drug name	secukinumab (Cosentyx®)		
Date	June 10, 2026		
Indication	For the treatment of plaque psoriasis , ankylosing spondylitis , psoriatic arthritis , and hidradenitis suppurativa		
DINs	02529653 02529661	Strength & form	300 mg/2 mL pre-filled syringe 300 mg/2 mL pre-filled pen

Non-benefits: inclisiran (Leqvio®), olopatadine hydrochloride and mometasone furoate (Ryaltris®), ruxolitinib (Opzelura®)

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

Drug name	inclisiran (Leqvio®)		
Date	June 4, 2026		
Indication	For the treatment of primary hypercholesterolemia to further reduce low-density lipoprotein cholesterol (LDL-C) for patients with the following conditions who are on maximally tolerated dose of a statin: <ul style="list-style-type: none"> Heterozygous familial hypercholesterolemia (HeFH), or Non-familial hypercholesterolemia (nFH) with atherosclerotic cardiovascular disease (ASCVD) 		
DIN	02518376	Strength & form	284 mg in 1.5 mL single-dose pre-filled syringe

Drug name	olopatadine hydrochloride and mometasone furoate (Ryaltris®)		
Date	June 4, 2026		
Indication	For the symptomatic treatment of moderate to severe seasonal allergic rhinitis (SAR) and associated ocular symptoms in adults, adolescents, and children aged 6 years and older.		
DIN	02531186	Strength & form	665 mcg olopatadine hydrochloride and 25 mcg mometasone furoate nasal spray

Drug name	ruxolitinib (Opzelura®)		
Date	June 17, 2026		
Indication	Topical treatment of mild to moderate atopic dermatitis in adult and pediatric patients 12 years of age and older.		
DIN	02552434	Strength & form	1.5% topical cream

EDRD benefits: lanadelumab (Takhzyro®), risdiplam (Evrysdi®)

PharmaCare has initiated funding of two new formulations of drugs covered through the [Expensive Drugs for Rare Diseases \(EDRD\)](#) process.

Clinicians with existing patients approved through the EDRD process do not need to submit a new application. To switch patients with existing EDRD approval to the new formulation, clinicians should write an updated prescription, following all relevant regulations.

Drug name	lanadelumab (Takhzyro®)		
Date	June 17, 2026		
Indication	The routine prevention of attacks of hereditary angioedema in adults and pediatric patients aged 2 years and older.		
DIN	02564483	Strength & form	300 mg/2 mL pre-filled pen

Drug name	risdiplam (Evrysdi®)		
Date	June 17, 2026		
Indication	The treatment of spinal muscular atrophy.		
DIN	02560747	Strength & form	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.

Your Voice is now accepting input on the following drugs:

Drug	Indication	Input window
secukinumab (Cosentyx®)	Juvenile idiopathic arthritis (JIA), patients 6 years and older	June 24 to July 21 at 11:59 pm
inebilizumab (Uplizna®) IgG4-RD	Immunoglobulin G4-related disease (IgG4-RD) in adults	June 24 to July 21 at 11:59 pm
inebilizumab (Uplizna®) gMG	Generalized myasthenia gravis (gMG) in adults	June 24 to July 21 at 11:59 pm

Did you know?



In 2024/2025, over 400 individuals with cystic fibrosis received coverage under this Plan D. Read [PharmaCare Trends 2024-25 \(PDF, 1MB\)](#) for more PharmaCare facts.