

BC PHARMACARE NEWSLETTER

Edition 25-006: June 2025

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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 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 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

Important: Enter VS – Other Outcome or Intervention in PharmaNet to record witnessed PA consumption

Effective immediately, all prescribed alternative (PA) doses dispensed **must** be accompanied by either the intervention code “VS – Other outcome or intervention” for witnessed PA or the intervention code “SA – Prescribed safer alternative” for non-witnessed PA.

Entering the code for each witnessed consumption of PA is required for Ministry recordkeeping and to support PharmaCare tracking of pharmacy services provided. Pharmacies are also encouraged to indicate the frequency of witnessed ingestion in the SIG field.

The VS code must be entered for **each instance** of witnessed consumption of a PA (e.g., hydromorphone, fentanyl patch or tablets, oxycodone, sufentanil).

- If more than one dispense is required per day, enter both the witnessed intervention code VS and “UF – Patient gave adequate explanation, Rx filled as written.” This will ensure the drug cost is accepted
- This may mean entering the VS code multiple times a day, depending on the prescriber’s direction

If a patient is still receiving PA without witnessed consumption, continue to enter the “SA – Prescribed safer alternative” intervention code.

Prescribers will continue to write the “SA” code on all PA prescriptions (for “safer alternative”) and will not write “VS”; the pharmacist is required to enter “VS” when the PA must be witnessed and “SA” if not witnessed.

If the prescriber neglected to add “SA” to the original prescription, but you confirmed – with the prescriber or the patient – that it was for safer supply, remember to add “SA” during processing.

| Prescribed alternative scenario | Intervention code to use |
|--|------------------------------------|
| Witnessed | VS – Other outcome or intervention |
| Witnessed – more than one dispense per day | VS and UF |
| Not witnessed | SA – Prescribed safer alternative |
| Not witnessed – more than one dispense per day | SA and UF |

Do not enter SA for opioid, stimulant or benzodiazepine drugs when they are prescribed for non-PA indications.

Whether you enter SA or VS, the dispense will be recorded as a PA dispense for provincial health system tracking.

The Ministry is currently exploring a payment model for pharmacies witnessing PA.

New prescription directions for prescribers

On Tuesday, May 20, 2025, the BC Centre on Substance Use updated its [Interim Clinical Resource: Transition to Witnessed Dosing for Prescribed Alternatives](#) to include clearer instructions for prescribers on how to write PA witnessing directions on prescriptions so that directions are clearly communicated to pharmacists and other health care professionals.

The updated [Interim Clinical Resource](#) includes sample prescriptions, showing how prescribers should write directions for PA.

Background

On February 19, 2025, the Provincial Government mandated that **all PAs** must be consumed under the direct supervision of a health professional. The policy is intended to ensure these medications are used by their intended recipients as part of harm reduction strategies, and to prevent diversion into illicit markets.

The requirement for witnessed consumption applied immediately to all new clients receiving prescribed alternatives. Clinicians have been transitioning existing clients to witnessed doses, ensuring continuity of care.

BC CONTROLLED PRESCRIPTION FORM

PERSONAL HEALTH NO. 4123 456 789 PRESCRIBING DATE 05 18 2025

PATIENT NAME Darcy Parker LAST NAME PARKER

ADDRESS 123 Main Street DATE OF BIRTH 01 01 87

VICTORIA BC SEX M

PHARMACEUTICAL NAME AND STRENGTH ONLY FOR ORAL PREPARATIONS VOID IF ALTERED

Hydromorphone 8mg QUANTITY (IN UNITS) THIS AREA MUST BE COMPLETED IN FULL FOR OPIOID AGONIST TREATMENT (OAT)

3.50mg Three thousand and three hundred sixty milligrams 7

START DATE 05 01 2025 END DATE 05 31 2025 NUMBER OF DAILY WITNESSED INGESTION

Refer to directions SA

NOT AUTHORIZED FOR DELIVERY Explicitly state number of witnessed doses (in this case, all doses witnessed)

DIRECTION FOR USE: INDICATION FOR THERAPY, OR SPECIAL INSTRUCTIONS
Hydromorphone 8mg. Take 1-3 tablets every 1 hour as needed for 30 days, by mouth.
Maximum 14 tablets per day
Daily witnessed ingestion of all doses

NO REFILLS PERMITTED VOID AFTER 5 DAYS PHARMACY COPY: PRESS HARD YOU ARE MAKING 2 COPIES

Generic Prescriber Tel: 250-999-9911 PRESCRIBER ID 11 080908
123 Health Street Fax: 250-999-9119 FOLIO 5555555

VICTORIA, BC V8Z 4H4 PHARMACY USE ONLY

PHARMACY COPY: PRESS HARD YOU ARE MAKING 2 COPIES
PRINTED IN BRITISH COLUMBIA

Sample prescription in BC Centre on Substance Use’s updated Interim Clinical Resource.

[Article added on June 18, 2025]

Indigenous cultural safety education requirement for pharmacists

As of April 1, 2025, all registered pharmacy professionals in British Columbia must complete a minimum of three hours of accredited or non-accredited Indigenous cultural safety, cultural humility, and anti-racism (ICSH/AR) learning activities every year, as part of their 15 hours of continuing education required for College of Pharmacists of British Columbia (CPBC) registration renewal.

This new requirement is part of CPBC's efforts to uphold the [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Standard of Practice](#), address systemic racism and support culturally safe care for Indigenous clients.

Resources

- [Indigenous Cultural Safety, Cultural Humility and Anti-Racism Education for Pharmacy Professionals](#) (CPBC web page)
- [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Standard of Practice](#) (CPBC)

Plan W web page for health professionals

For support in delivering pharmacy care to First Nations clients, visit the new [Plan W – Information for health professionals](#) web page. The web page offers background information, practical guidance and essential resources for health professionals, including:

- History of Plan W and how the plan is designed to meet the unique needs of First Nations people in British Columbia
- How to support clients with accessing the unique benefits of Plan W, such as over-the-counter (OTC) drug and non-drug items, as well as coverage for drug benefits and services through other programs
- Additional resources and information to support health professionals in providing care that is considered culturally safe by First Nations clients



Resources

- [Plan W – Information for health professionals](#) (PharmaCare web page)

Office-use medications vs stock transfers

Office-use medications

Your office-use medications PHN, also known as an O-Med PHN, is used when a practitioner purchases medications or medical supplies from your pharmacy for use in their office. Office-use medications must be recorded in PharmaNet.

To record office-use medications in PharmaNet, create a PharmaNet profile using the purchasing office's name, and enter your unique pharmacy's O-Med PHN in the PHN field.

Never use the doctor's PHN to fill office medications or supplies. Never assign a PHN for a non-human.

If you do not know your O-Med PHN, you can consult the provider welcome email you received from HIBC or contact the PharmaCare Help Desk (1-800-554-0225) or the PharmaNet Data Quality Team (1-844-660-3200).

Stock transfers

A stock transfer includes the sale of drug inventories to other pharmacies for dispensing in their store. A pharmacy must not use its O-Med PHN or assign a PHN through PharmaNet for stock transfers.

Stock transfer transactions must not be transmitted in PharmaNet. The transaction must be recorded on the local pharmacy system only.

To record a stock transfer, create a profile in your local system with the pharmacy name and no PHN.

Stock transfer functions are unique to each pharmacy's local software; direct any questions to your pharmacy software vendor (and not to the PharmaCare Help Desk).

Resources

- [PharmaNet for practitioners – O-Med PHNs](#)
- [PharmaCare Policy Manual, Section 3.1: Which Transactions to Submit on PharmaNet](#)

TI Letter: Thyroid testing in primary hypothyroidism



The Therapeutics Initiative recently published a Therapeutics Letter that reviewed the evidence of thyroid testing in primary hypothyroidism.

Visit [Thyroid testing in primary hypothyroidism](#) to read the Letter.

Resources

- [Therapeutics Initiative – \[154\] Thyroid testing in primary hypothyroidism](#)

National Blood Donor Week 2025

This year, National Blood Donor Week begins on June 8 and ends on June 14, which is World Blood Donor Day. National Blood Donor Week is a chance to celebrate and express gratitude to the dedicated donors, organizations and partners who help maintain and sustain the national blood system.

As demand on the health system grows, the number of donors must keep up. With the goal of attracting one million new donors over the next five years, [Canadian Blood Services](#) (CBS) has launched their new campaign [Who's Saving Who?](#) which highlights the reciprocal benefits of donating blood.

The campaign is an invitation to donors to “experience what you get when you give”. Donors experience a sense of achievement, purpose, and a profound connection to others. For some, donating provides a sense of value and contribution.

CBS welcomes new donors for blood, plasma and platelets this National Blood Donor Week and World Blood Donor Day. To book an appointment to donate, visit www.blood.ca, use the Canadian Blood Services GiveBlood app or call 1-888-2DONATE (1-888-236-6283).

Resources

- [Canadian Blood Services](#)



National Blood Donor Week: June 8-14

Learn about Canadian Blood Services and how to donate.

[Visit website >>](#)

Health Gateway: A key tool for pharmacists and clients



Health Gateway

[Health Gateway](#) provides a secure and convenient way for people aged 12 years and older in British Columbia to access their health information online. The portal allows clients to view a range of health records across multiple provincial systems.

Encouraging your clients to use Health Gateway helps empower them to make informed decisions and actively engage with their health information and healthcare.

During mail service disruptions, Health Gateway is an efficient, alternative way for clients to receive important health information.

Medications

Clients can view their prescription medication history dating back to 1995. This feature enhances medication safety, supports medication reconciliation, and allows clients to track their prescriptions from various pharmacies across British Columbia.

Special Authority request status

Health Gateway gives clients direct access to the status of their Special Authority requests. They can find out if a request has been submitted, and whether it was approved. The feature means fewer calls to prescriber offices and questions for pharmacists.

Immunization history and schedules

Clients can view their immunization history and schedules to ensure their vaccinations – and their dependents' vaccinations – are up to date. The feature is particularly valuable for children, travelers, and immunocompromised individuals.

Immunizations administered at pharmacies or travel clinics may occasionally appear under medications.

Health Gateway also displays:

- Lab results
- Imaging reports
- BC Cancer screening reminder and result letters
- Health and hospital visits
- Organ donor registration

Pharmacists promote Health Gateway

Pharmacists are in a unique position to encourage clients to use Health Gateway.

Consider promoting Health Gateway in your pharmacy by sharing posters, postcards, and digital materials, available at [Health Gateway resources for health professionals](#).

Access Your Health Information Online

Health Gateway provides secure access to your health records and more.

- Immunizations and Schedule
- Lab Results
- Diagnostic Imaging Reports
- BC Cancer Screening Letters
- Medication History
- Hospital and Health Visits
- Clinical Documents
- Organ Donation Registration
- Special Authority Requests

New features are added all the time.



Learn more at:
healthgateway.gov.bc.ca



SCAN HERE



Resources

- [Health Gateway resources for health professionals](#)
- [Access your health records with Health Gateway](#)
- [Register or log in to Health Gateway](#)

Policy Spotlight: Protective Words

POLICY SPOTLIGHT: PROTECTIVE WORDS

B.C. residents can attach a protective word to their PharmaNet record so that only a practitioner with the protective word can view or update their record.



A physician must provide the protective word when calling a pharmacist for information in a protected medication history.

Certain healthcare providers can override a protective word in emergencies where the client can't provide it.



Learn more in the PharmaCare Policy Manual, Section 9.6 Protective Words



Creating a protective word

B.C. residents 19 or older apply for or edit their protective word at the pharmacy. The pharmacist activates the protective word in PharmaNet.

Minors under 19, the guardian of a minor, or an adult authorized to make decisions on behalf of another adult, must apply in writing to HIBC.

A protective word must contain:

- Six to eight letters and numbers (no spaces or special characters)
- At least two letters (A...Z)
- At least two numbers (0...9)

Example: PA6729BC



Policy Spotlight: Protective Words

Resources

- [PharmaCare Policy Manual, Section 9.6: Protective Words](#)

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 |
|---------------|--------------|
| January 2025 | June 2, 2025 |
| February 2025 | |
| March 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.

RAT kit distribution program winds down

As announced in the [May 2025 PharmaCare Newsletter](#), PharmaCare is winding down the RAT kit distribution fee program. The last day to order RAT kits that were eligible for the PharmaCare distribution fee was May 31, 2025.

Pharmacies have until June 30, 2025, to submit claims for the distribution fee for RAT kits that were:

- Ordered by May 31, 2025, and
- Opened for public distribution before 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). Any kits that were ordered after May 31 are not eligible for the [PharmaCare RAT kit distribution fee](#).

- BTNX: 66128325
- Artron: 66128338

Resources

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

Drug shortages

Nicorette® lozenges

The temporary shortage of Nicorette® 4 mg mint prescription lozenges reported in the [April 2025 PharmaCare Newsletter](#) has been resolved.

As a mitigation measure, PharmaCare temporarily covered over-the-counter (OTC) packaged Nicorette 4 mg mint lozenges (PIN: 80053100). This coverage has now ended.

Praziquantel (Biltricide)

Effective May 13, 2025, there is a shortage of praziquantel (Biltricide), DIN 2230897.

As a mitigation measure, Health Canada has authorized the use of Biltricide 600 mg tablets supplied from Middle Africa. Enter PIN 66128550 to process prescriptions. Please note that praziquantel (Biltricide) is not a PharmaCare benefit.

The expected resolution for this shortage is unknown.

Resources

- [Drug shortages](#)

Formulary and listing updates

Limited coverage benefits: cenobamate (Xcopri™), tocilizumab (Tyenne®), anifrolumab (Saphnelo®)

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

| | | | |
|-------------------|--|----------------------------|---|
| Drug name | cenobamate (Xcopri™) | | |
| Date | May 20, 2025 | | |
| Indication | As an adjunctive therapy for the management of partial-onset seizures (POS) in adults with epilepsy who are not satisfactorily controlled with conventional therapy. | | |
| DINs | 02538652 02538660 02538725 02538733 02538741 02538768 02538776 02538784 02538792 | Strength & form | 12.5 mg tablet 25 mg tablet 50 mg tablet 100 mg tablet 150 mg tablet 200 mg tablet 12.5 mg–25 mg starter kit 50 mg–100 mg starter kit 150 mg–200 mg starter kit |

| | | | |
|-------------------|--|----------------------------|--|
| Drug name | tocilizumab biosimilar (Tyenne®) | | |
| Date | May 27, 2025 | | |
| Indication | For the treatment of: <ul style="list-style-type: none"> • Active polyarticular juvenile idiopathic arthritis (pJIA) • Active systemic juvenile idiopathic arthritis (sJIA) • Giant cell arteritis (GCA) • Rheumatoid arthritis (RA) • Neuromyelitis optica spectrum disorder (NMOSD) | | |
| DINs | 02552450 02552469 02552477 02552493 02552485 | Strength & form | 80 mg/4 mL intravenous (IV) infusion vial 200 mg/10 mL IV infusion vial 400 mg/20 mL IV infusion vial 162 mg/0.9 mL prefilled syringe 162 mg/0.9 mL autoinjector pen |
| Note | The Biosimilars Initiative has begun the transition from tocilizumab originator biologic Actemra® to Tyenne® as the equivalent biosimilar product. Read Biosimilars Initiative: Tocilizumab transition below for details. | | |

| | | | |
|-------------------|---|----------------------------|--|
| Drug name | anifrolumab (Saphnelo®) | | |
| Date | June 4, 2025 | | |
| Indication | In addition to standard therapy for the treatment of adult patients with active, autoantibody positive, systemic lupus erythematosus (SLE) (based on SLE Disease Activity Index 2K score ≥ 6), whose disease activity cannot be controlled despite an oral corticosteroid (OCS) dose of ≥ 10 mg/day of prednisone or its equivalent. | | |
| DIN | 02522845 | Strength & form | 150 mg/mL (300 mg/2 mL) solution in a vial for intravenous (IV) infusion |

Biosimilars Initiative: tocilizumab transition

The Biosimilars Initiative has begun the transition from tocilizumab originator biologic Actemra® to the equivalent biosimilar product Tyenne®. PharmaCare patients with coverage for Actemra must, in consultation with their prescriber, switch to the approved tocilizumab biosimilar to maintain coverage.

PharmaCare is providing 6-month transition coverage for patients currently using Actemra to allow time to switch. For patients with existing tocilizumab Special Authority (SA) approval, Tyenne will be automatically covered; prescribers do not need to submit a new SA request until the next renewal date (if applicable). SA requests for patients who are unable to transition to Tyenne will be considered on an exceptional case-by-case basis.

Prescribers can submit [HLTH 5839 – Tocilizumab patient list request \(PDF, 968KB\)](#) to request a list of their patients who are receiving PharmaCare coverage for Actemra so they can contact them to start the switch.

| Transition timeline | | |
|--|--|---|
| May 27, 2025 | May 27 to November 27, 2025 | November 28, 2025 |
| All new SA requests, including renewals, for tocilizumab will only be approved for Tyenne. | To maintain a patient's coverage, prescribers must write a new prescription for Tyenne for patients currently on Actemra, indicating a transition to Tyenne. | Actemra becomes a PharmaCare non-benefit (not covered), and only Tyenne is authorized for continued tocilizumab coverage. |

Patient support fees

Pharmacists can help identify and notify patients who may be affected by the switch and let them know they need a new prescription for continued coverage. In recognition of this support, a \$15 per patient support fee is offered to pharmacies. The fee is submitted as a PIN (66128548) in PharmaNet, and paid monthly, in accordance with the monthly payment schedule.

Only one patient support fee can be claimed per PHN. Support fees must be submitted within the switch period window.

Pharmacists play a valuable role in bringing positive awareness to the Biosimilars Initiative. Patients frequently turn to pharmacists for health information; their conversations with pharmacists often inform discussions with their prescribers.

A patient support fee is also available to prescribers. For more information, visit [Biosimilars Initiative for health professionals](#).

Resources

- [Biosimilars Initiative for health professionals](#)
- [2025 PharmaCare Provider Payment Schedule \(PDF, 120KB\)](#)
- [HLTH 5839 – Tocilizumab patient list request \(PDF, 968KB\)](#)

Low Cost Alternative program: Synthroid® to become partial benefit

Effective June 5, 2025, apo-levothyroxine will be a regular PharmaCare benefit. Under the [Low Cost Alternative \(LCA\) program](#), the brand name drug Synthroid will become a partial benefit as of July 5, 2025.

Bioequivalence and interchangeability

As documented in its [Regulatory Decision Summary for Apo-Levothyroxine](#), Health Canada has declared apo-levothyroxine to be bioequivalent to the brand name product Synthroid.

Criteria modification: lacosamide (Vimpat®, generics)

Effective May 20, 2025, PharmaCare modified the [limited coverage criteria for lacosamide](#) to reduce the requirement of four failed anti-epileptic medications to two.

Modified coverage criteria for lacosamide

For the treatment of partial-onset seizures in adults and to be used:

- As adjunctive therapy (in combination with at least **ONE** other anti-epileptic drug)
- AND
- After at least **TWO** other anti-epileptic medications have been tried without success

Your Voice: Input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is integral to [British Columbia'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 |
|--|--|-------------------------------|
| Relugolix, estradiol, and norethindrone acetate (Myfembree®) | Heavy menstrual bleeding associated with uterine fibroids in premenopausal women | May 28 to June 24 at 11:59 pm |
| Guselkumab (Tremfya®) | Moderately to severely active Crohn's disease in adults | May 28 to June 24 at 11:59 pm |
| Hybrid closed-loop (HCL) insulin delivery systems | Device systems used for management of diabetes requiring insulin therapy | June 4 to July 2 at 11:59 pm |



Did you know?

In 2012 the Medication Management pilot project ended, and the [Pharmaceutical Services Act](#) came into force. Read [PharmaCare Trends 2022-23 \(PDF, 1MB\)](#) for more PharmaCare facts.