

# BC PHARMACARE NEWSLETTER

Edition 26-003: March 2026

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**Q:** What is tibolone (Tibella)?

**A:** The current edition of [PAD Refills](#) has the basis of Health Canada's approval of tibolone for vasomotor symptoms associated with menopause. Make sure to [subscribe](#) so you don't miss out on news and updates!

The PharmaCare Newsletter team works from the territory of the lək̓ʷəŋən 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.

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[gov.bc.ca/deviceproviders](http://gov.bc.ca/deviceproviders)



## Policy clarification: Pharmacies must follow prescriber direction for daily dispensing

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PharmaCare is clarifying the requirements for dispensing frequency when a prescription is written for daily dispensing.

When a prescriber orders daily dispensing, pharmacies **must** dispense daily. Pharmacy staff may **not** independently change a prescription written for daily dispensing to a 2- to 27-day dispensing interval or any interval other than daily. Daily dispensing has already been initiated by the prescriber, and a different dispensing interval may not be clinically appropriate.

To change from daily dispensing to any other frequency, pharmacy staff must obtain explicit prescriber authorization. The prescriber must amend the prescription.

If a pharmacy dispenses an interval different than daily, on a prescription written for daily dispensing, without prescriber authorization, dispensing fees are subject to recovery through PharmaCare Audit.

The [Frequent Dispensing Authorization Form \(HLTH 5378; PDF, 1.2MB\)](#) is not intended to convert a prescription from daily dispensing to 2- to 27-day dispensing.

This clarification will be added to the [PharmaCare Policy Manual, Section 8.3: Frequency of Dispensing Policy – Fee Limits](#). Pharmacies are expected to continue to comply with this requirement.

### Resources

- [Frequent Dispensing Authorization Form \(HLTH 5378; PDF, 1.2MB\)](#)
- [PharmaCare Policy Manual, Section 8.3: Frequency of Dispensing Policy – Fee Limits](#)

## LTC pharmacists can now submit SA requests for prescribers

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Effective March 4, 2026, PharmaCare has changed its Special Authority (SA) policy to allow pharmacists working in long-term care (LTC) settings to submit SA requests on behalf of a collaborating prescriber.

To submit an SA request, pharmacists must:

- Be collaborating with a prescriber as part of comprehensive care at an LTC facility
- Have access to and ability to document care notes and SA requests in the LTC facility's medical records

To submit an SA request through eForms, pharmacists must:

1. Sign in using their BC Services Card.
2. Select themselves as the provider; their pharmacist license number and contact information will auto-populate in the eForm.
3. Select the scenario that applies (e.g., pharmacist working in LTC).

4. Complete the additional collaborating prescriber information.
5. Select the medication, complete the SA request, and submit.

Visit [Special Authority eForms](#) to learn more about submitting SA requests online.

To submit a faxed SA request, pharmacists must:

1. Complete section three of the SA request form with the prescriber's information.
2. Sign on behalf of the prescriber, noting they are working in a collaborative practice LTC facility.

For more detailed instructions on submitting SA requests, visit [Special Authority \(SA\)](#).

PharmaCare expects SA requests to be submitted as part of comprehensive patient care. PharmaCare does not accept submissions from:

- Groups or organizations that only handle SA requests
- Patient support programs
- Groups or businesses that are not involved in collaborative, comprehensive, patient care

### Resources

- [Special Authority eForms](#)
- [Special Authority \(SA\)](#)
- [PharmaCare Policy Manual, Section 6.3: Special Authority Coverage](#)

## Take Home Naloxone program expands to include nasal naloxone

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The province is investing an additional \$18 million to expand access to publicly funded nasal naloxone through hundreds of community pharmacy and health-care sites. The focus is on improving reach, standardizing access, and supporting frontline overdose response.

More information about pharmacy access to nasal naloxone will be published in an upcoming edition of the PharmaCare Newsletter as it becomes available.

Learn more about how to [Use emergency-use naloxone to save a life](#). Learn more about the Take Home Naloxone program at [Naloxone Administration – Toward the Heart](#).

### Resources

- [Saving lives by expanding access to nasal naloxone](#) – B.C. Government news release
- [Naloxone | College of Pharmacists of British Columbia](#)
- [Naloxone Administration – Toward the Heart](#)

## Limit on maximum days' supply covered for some alternative drugs during shortages

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Effective March 2, 2026, PharmaCare is introducing a 30-day maximum days' supply for certain alternative drugs that have been granted temporary coverage during a shortage. When applied, the drug's maximum covered days' supply is reduced to 30 days instead of its usual limit to help preserve supply and support fair access for patients.

The limit will not apply to all alternatives. Each shortage and its alternative drugs will be assessed on a case-by-case basis, considering factors like expected shortage duration, supply levels, clinical considerations, and product characteristics. The limit will be removed once the shortage is resolved and coverage returns to normal.

Drugs currently subject to this limit will be listed on the [Drug shortages](#) webpage and updated regularly as shortage situations change. [Subscribe for notifications](#) to the Drug shortages webpage so you never miss an update.

### Resources

- [Drug shortages](#)
- [PharmaCare Policy Manual, Section 5.1: Maximum Days Supply Policy](#)
- [PharmaCare Policy Manual, Section 5.24 Drug Shortages](#)



## Expanded eligibility for PharmaCare coverage of offloading devices

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As of March 2, 2026, PharmaCare has expanded the eligibility criteria for coverage of post-treatment offloading devices used to prevent the recurrence of diabetic foot ulcers.

Previously, coverage was limited to clients with healed or nearly healed diabetic foot ulcers, and only when those ulcers were treated by a health authority clinic with the total contact cast (TCC) method. Expanded eligibility criteria now includes:

- Clients with healed or nearly healed neuropathic foot ulcers
- Clients whose foot ulcers were healed or are nearly healed using non-TCC offloading methods

This change improves access for clients across B.C. and supports better long-term outcomes by reducing the risk of re-ulceration, infection, and amputation for clients who are not indicated for initial treatment by TCC.

Clients are still required to receive initial treatment (ulcer healing or near healing) at an approved B.C. outpatient or ambulatory clinic. Clients who are residents of long-term care facilities who are treated by regional health authority teams of nurses specialized in wound, ostomy and continence (NSWOCs) are also eligible. For a full list of approved sites and health authority nursing teams, refer to [B.C. Health Authority Foot Ulcers Treatment Sites \(PDF, 341KB\)](#).

For more information, visit the [Prosthetic and Orthotic Policy Manual](#) and [Offloading devices covered by BC PharmaCare](#).

### Resources

- [B.C. Health Authority Foot Ulcers Treatment Sites \(PDF, 341KB\)](#)
- [Prosthetic and Orthotic Policy Manual](#)
- [Offloading devices covered by BC PharmaCare](#)

## Reminder: Nurses with certified practice are authorized to prescribe

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In B.C., only registered nurses (RNs) and registered psychiatric nurses (RPNs) with certified practice are authorized to prescribe.

Certified practice (CP) is a term used to describe a distinct practice designation for RNs and RPNs, granted by the BC College of Nurses and Midwives (BCCNM). Nurses who obtain the CP designation autonomously diagnose and treat clients in one or more practice areas following CP decision support tools (DSTs). Learn more about [certified practice](#) by visiting the BCCNM website.

Nurses who wish to prescribe must meet BCCNM's conditions, including completing a prescribing course. Once granted prescribing authority, nurses with certified practice can issue prescriptions for a pharmacist to dispense to a client.

Nurses can prescribe only the medications outlined in the DSTs for their CP designation. Visit the BCCNM webpage, [Prescribing for certified practice nurses](#), for more details.

## Entering CP nurse prescriptions into PharmaNet

When dispensing prescriptions written by CP nurses, pharmacists must verify that the nurse is identified as a prescriber in PharmaNet. The ID reference code for prescribing nurses is **R9** (for RNs) or **Y9** (for RPNs). The best way to confirm is to search for the practitioner in PharmaNet by first and last name. Pharmacists can also verify prescribing authority using BCCNM's [online directory](#).

If searching by ID reference code and practitioner ID, use both the prescribing and non-prescribing codes and, if multiple records are found, select the most current only.

Reference ID codes		
	Prescriber ID reference code	Non-prescriber ID reference code (do not fill)
RNs	R9	RX
RPNs	Y9	YX

You may notice both ID reference codes for one nurse. Do not fill if the non-prescribing reference code is the most current record. If you have any questions, call the Help Desk at 1-800-554-0225.

### Resources

- [Certified practice](#) – BCCNM
- [Prescribing for certified practice nurses](#) – BCCNM
- [BCCNM online directory](#)

## Cultural safety learning opportunity: Plan W OTC recommendations and related care

As announced in the [February 2026 PharmaCare Newsletter \(513KB\)](#), a new course explains recent changes to the PharmaCare Plan W OTC recommendations policy. The free online course, [Plan W OTC Recommendations: 2025 Updates](#), offers practical, real-world examples to support pharmacists in their day-to-day work.

Course content also focuses on how pharmacists can provide OTC recommendations and related care in a culturally safe way and support First Nations health equity through this essential service.

By completing the course, pharmacy professionals earn **one hour** toward the three hours of **annual Indigenous Cultural Safety, Cultural Humility, and Anti-Racism (CSHAIR) learning required** by the BC College of Pharmacists (CPBC).

## Resources

- [Plan W OTC Recommendations: 2025 Updates](#)
- [PharmaCare Policy Manual, Section 7.12: First Nations Health Benefits \(Plan W\)](#)
- [Plan W OTC Recommendation form \(PDF, 548KB\)](#)
- [February 2026 PharmaCare Newsletter \(513KB\)](#)

## New data infographic – PAD at a glance

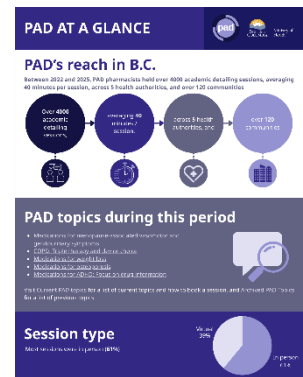
An overview of PAD data from 2022-2025 is now available in the new infographic, [PAD at a glance \(PDF, 315KB\)](#).

The infographic includes information on PAD's reach, topics, participants and their practice location, and more.

Visit [About PAD service](#) or [PAD at a glance \(PDF, 315KB\)](#) to learn more.

## Resources

- [About PAD service](#)
- [PAD at a glance \(PDF, 315KB\)](#)



## Reminder: How price changes for drugs are communicated

Any drug price changes will affect the amount that pharmacies are reimbursed for PharmaCare-eligible benefits.

Drug manufacturers are expected to notify wholesalers and distributors of any price changes ahead of the effective date.

### Price increases

Drug manufacturers may submit price increase requests for PharmaCare's consideration once a year. Accepted price increases become effective on April 1 of each year. For more information on drug price changes, visit [Submitting price changes](#).

### Brand name drugs

Accepted price increases on brand name drugs are **not** announced by PharmaCare. Pharmacies would be reimbursed at the higher price for existing stock following a price increase on a PharmaCare-eligible benefit drug.

### Generic drugs

Accepted price increases are announced on **March 1** of each year on the [LCA/RDP Data Files](#) webpage and take effect on **April 1**.

## Price decreases

Manufacturers can request price increases for brand-name drugs once a year, before the December 31 deadline. If accepted, price changes come into effect on **April 1** of the following year.

PharmaCare accepts requests for price decreases year-round. Price decreases for **brand-name drugs** are announced in the PharmaCare Newsletter and are effective 30 days after announcement. This washout period offers pharmacies the opportunity to clear stock purchased at higher prices.

Price decreases for **generic drugs** are announced in the [LCA/RDP Updates Workbook](#), which is published on the first Thursday of every month. PharmaCare provides a 14-day washout period.

Prices may change throughout the year for generic drugs that are subject to pan-Canadian Tiered Pricing Framework (TPF). These would occur upon entry or exit of competitor products. These price changes are announced monthly in the [LCA/RDP Updates Workbook](#). A 14-day washout period is provided.

## DRUG PRICE ADJUSTMENTS

BC PharmaCare

**Price increases**

Manufacturers can submit price increase requests for PharmaCare's consideration once a year. Price increases come into effect **April 1** of the following year.

**Price decreases**

Price decreases can be submitted throughout the year. Price decreases are effective **30 days after** the change has been accepted. This gives pharmacies time to clear stock purchased at higher prices.

**Accepted price changes affect the amount that pharmacies are reimbursed for PharmaCare-eligible benefits.**

**How price decreases are announced**

**For brand products (no generics),** price decreases are announced in the PharmaCare Newsletter with a 30-day washout period.

**For brand products (with generics),** price decreases are announced in the [LCA/RDP Updates Workbook](#) (published on first Thursday of each month). Washout periods range from 14-day to 30-days.

**Resources**

- [Submitting price changes](#)
- [LCA and RDP Data Files](#)

## Resources

- [Submitting price changes](#)
- [LCA/RDP Data Files](#)
- [LCA/RDP Updates Workbook](#)

## Key findings from PharmaCare survey and new PharmaCare Coverage Compass tool

Thank you to the 63 pharmacists who completed the PharmaCare outreach survey that ran from November 13, 2025, to January 2, 2026.

Your feedback helps us understand how PharmaCare information is used in practice and where more communications support is needed.

### What we heard

Survey respondents told us:

- Pharmacists feel significant pressure to explain PharmaCare to the public; this work takes up a lot of time in their day
- Clients are most often confused about Fair PharmaCare deductibles and Special Authority
- Pharmacists value visual, multilingual communication materials with QR codes, short videos and learning modules
- There is opportunity for non-pharmacist professionals to learn more and better inform their clients about PharmaCare coverage, especially Special Authority

### What's next

As well as the new [PharmaCare Coverage Compass](#) explained below, the PharmaCare communications team is creating a poster for pharmacies that explains deductibles and Special Authority; a poster and guide for prescribers, and, after much consultation with community groups, will soon launch the online community hub, which has e-learning modules to help frontline community workers support their clients with coverage needs and questions.

Please print our plain language [patient information sheets](#), which are translated into 15 languages, for your clients.

### New: PharmaCare Coverage Compass

A graphic for the PharmaCare Coverage Compass tool. It features a dark blue background on the left with the text "Find your BC PharmaCare coverage" in white and "PharmaCare Compass" in large yellow letters. Below this, in white text, it says "Use the interactive Compass at [www.gov.bc.ca/PharmaCareCompass](http://www.gov.bc.ca/PharmaCareCompass) to find how BC PharmaCare can help with the cost of prescriptions, pharmacy services, and medical devices or supplies." On the right, there is an illustration of a hand pointing at a yellow compass, with a white and orange pill and a white pill nearby.

Find your BC PharmaCare coverage  
**PharmaCare Compass**

Use the interactive Compass at [www.gov.bc.ca/PharmaCareCompass](http://www.gov.bc.ca/PharmaCareCompass) to find how BC PharmaCare can help with the cost of prescriptions, pharmacy services, and medical devices or supplies.

PharmaCare has published a new, simple online tool called the [PharmaCare Coverage Compass](#), to help clients understand what PharmaCare covers for them.

By responding to 10 simple questions, clients can quickly learn:

- Which PharmaCare plans they qualify for
- What steps they need to take (e.g., register for Fair PharmaCare)
- Where to go for more information

Share the PharmaCare Coverage Compass URL, [gov.bc.ca/pharmacarecompass](https://gov.bc.ca/pharmacarecompass), with your clients.

A [PharmaCare Coverage Compass poster \(PDF, 3.8MB\)](#) is now available for pharmacies to print, display, or share directly with clients.

### Resources

- [gov.bc.ca/pharmacarecompass](https://gov.bc.ca/pharmacarecompass) – URL for the PharmaCare Coverage Compass
- [Patient information sheets](#)

## Formulary and listing updates

### Limited Coverage benefits: omalizumab (Omyclo)

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

<b>Drug name</b>	omalizumab (Omyclo)		
<b>Date</b>	March 4, 2026		
<b>Indication</b>	<p>For the treatment of:</p> <ul style="list-style-type: none"> <li>• Patients 12 years and older with <a href="#">severe allergic asthma</a></li> <li>• Adults 18 years and older with <a href="#">chronic rhinosinusitis with nasal polyps</a></li> <li>• Patients 12 years and older with <a href="#">chronic idiopathic urticaria</a></li> </ul>		
<b>DINs</b>	02553805 02553813	<b>Strength &amp; form</b>	75 mg/0.5 mL solution in a pre-filled syringe for subcutaneous injection 150 mg/1 mL solution in a pre-filled syringe for subcutaneous injection
<b>Notes</b>	When entering claims for omalizumab, refer to <a href="#">Correct quantities for PharmaCare claims</a> . The unit of measurement is the number of syringes.		

### Existing patients with exceptional Special Authority coverage for Xolair

PharmaCare is transitioning coverage of Xolair to Omyclo for patients with severe allergic asthma and chronic idiopathic urticaria (chronic spontaneous urticaria).

To maintain patients' coverage, prescribers must write a new prescription for their patients on Xolair, indicating the transition to Omyclo by June 4, 2026. For patients with existing Xolair exceptional last-resort Special Authority (SA) coverage, Omyclo will be automatically covered; prescribers do not need to submit a new SA request for Omyclo until the next SA renewal date, if applicable.

## Regular benefit: insulin aspart (Trurapi®) vial

The following drug is a regular benefit under the [National Pharmacare Plan \(Plan NP\)](#) as of March 1, 2026.

<b>Drug name</b>	insulin aspart (Trurapi®) vial		
<b>Date</b>	March 1, 2026		
<b>Indication</b>	For the treatment of patients with diabetes mellitus who require insulin for the control of hyperglycemia.		
<b>DIN</b>	02529254	<b>Strength &amp; form</b>	10 mL vial (100 U/mL)

## Drug shortages

PharmaCare has announced, updated, or indicated the resolution of the following drug shortages. Subscribe to the [Drug shortages](#) web page to be notified of drug shortage advisories and resolutions.

### New shortages: Mycobutin (rifabutin) 150 mg capsules, Bicillin L-A for intramuscular injection

<b>Shortage</b>	<b>Mycobutin (rifabutin) 150 mg capsules (DIN 02063786)</b>
<b>Mitigation</b>	Use Sterimax's US-authorized rifabutin 150 mg capsules (use PIN 09858390)
<b>Expected resolution</b>	April 17, 2026
<b>Note</b>	Rifabutin (Mycobutin) is not a PharmaCare benefit, therefore US supply is also a non-benefit
<b>Resources</b>	<a href="#">STERIMAX: Importation of US-labelled rifabutin capsules, USP due to the current shortage of Canadian-authorized MYCOBUTIN (rifabutin) capsules (PDF, 516KB)</a>

<b>Shortage</b>	<b>Bicillin L-A (penicillin G benzathine) 1,200,000 IU/2 mL suspension for intramuscular injection (DIN 02291924)</b>
<b>Mitigation</b>	Use Septa's Portugal-authorized Lentocilin S 1200 (use PIN 66128607) powder and solvent for suspension for intramuscular injection (benzathine benzylpenicillin, 1,200,000 IU/4 mL)
<b>Expected resolution</b>	April 3, 2026

<b>Notes</b>	<ul style="list-style-type: none"> <li>The active ingredient in Lentocilin S (benzathine benzylpenicillin) and the active ingredient in Bicillin L-A (penicillin G benzathine) are identical, though the product labels use different nomenclature/naming</li> <li>Bicillin L-A is not a PharmaCare benefit, therefore Lentocilin S is also a non-benefit</li> <li>The two products Lentocilin S and Bicillin L-A are not identical. Please refer to the resources below for details. Some key differences are: <ul style="list-style-type: none"> <li>Lentocilin S requires reconstitution, while Bicillin L-A comes in pre-filled syringe</li> <li>Lentocilin S includes lidocaine as anesthetic, which is not present in Bicillin L-A</li> </ul> </li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>Septa Pharmaceuticals: <a href="#">Importation of Portuguese-authorized Lentocilin S due to shortage of Bicillin L-A (PDF, 3MB)</a></li> <li>Health Canada recalls and safety alerts: <a href="#">Importation of Portuguese-authorized Lentocilin S</a></li> <li>Government of Canada: <a href="#">Bicillin L-A (penicillin G benzathine) in short supply: Notice</a></li> <li>Government of Canada: <a href="#">Interim Syphilis Treatment Guidelines in the Event of a Benzathine Penicillin G (Bicillin L-A) Shortage</a></li> </ul>

## 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
tezepelumab (Tezpire®)	Severe chronic rhinosinusitis with nasal polyps (CRSwNP) in adults	February 25 to March 24 at 11:59 pm
tirzepatide (Mounjaro®)	Adult patients with type 2 diabetes mellitus	February 25 to March 24 at 11:59 pm
fluorouracil sodium (Tolak®)	Topical treatment of actinic keratosis lesions of the face, ears, and/or scalp	February 25 to March 24 at 11:59 pm
beclomethasone dipropionate, glycopyrronium (as bromide) and formoterol fumarate dihydrate (Trimbow™)	Chronic obstructive pulmonary disease (COPD) in adults	February 25 to March 24 at 11:59 pm

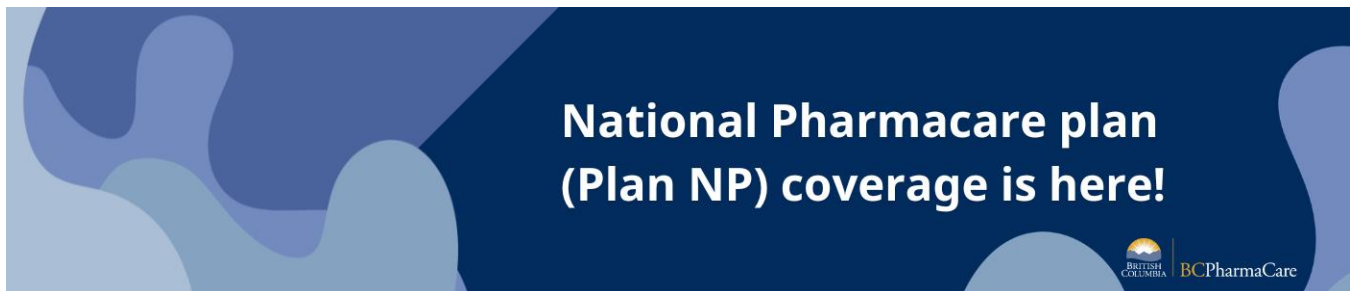
## Did you know?



In 2024, 9% of people in B.C. received at least one dispense for an opioid and 95% of pharmacies in B.C. dispensed at least one opioid.

The [BC Prescription Drug Atlas – Opioids and BZRAs \(2025\)](#) provides an overview of the prescribing patterns in B.C. for opioids and benzodiazepine receptor agonists.

## March 1 Special Release: National Pharmacare launches



BC PharmaCare's [National Pharmacare Plan \(Plan NP\)](#) is live as of March 1, 2026. Plan NP provides 100% coverage of [select diabetes medications](#), [menopausal hormone therapy \(MHT\)](#), and [contraceptives](#) for B.C. residents enrolled in MSP. The federal government contributes funding for the universal plan.

Regulation changes to the price of insulin also goes into effect March 1, 2026. Insulin is now subject to the Maximum Pricing Policy and the Full Payment Policy.

As of March 1, 2026 Plan NP is fully active in PharmaNet. Benefits will appear in the PharmaCare Formulary search by mid-March.

Expanded coverage for certain diabetes-related devices and supplies will begin on April 1, 2026. Details coming soon.

## Special Authority

Special Authority is no longer required for:

- Empagliflozin
- Empagliflozin/metformin
- Gliclazide
- Insulin glargine (Semglee, Basaglar), and
- Topical estrogen and estrogen/progesterone (gels & patches)

## Low Cost Alternative pricing

Some medications will be partially covered and subject to [Low Cost Alternative \(LCA\) pricing](#). PharmaCare is encouraging B.C. residents to ask prescribers and pharmacists to substitute fully covered medications for partially covered ones.

## Exceptional coverage for residents in MSP wait period

Exceptional coverage under Plan NP is available for three months for people who have enrolled in MSP but are in the wait period for coverage. The new form [Exceptional Coverage: National Pharmacare](#) can be used to apply for exceptional coverage of any plan NP benefits. It is submitted to HIBC.

## Drug lists

The Plan NP drug lists and DINs are available at:

- [National Pharmacare Plan \(Plan NP\)](#)
  - [Plan NP diabetes medications](#)
  - [Plan NP menopausal hormone therapy \(MHT\)](#)
  - [Plan NP contraceptives](#) (previously under Plan Z)

## For your clients

The PharmaCare communications team has prepared the following materials for the public. Please share them with your clients or post them in your pharmacy.

- [PharmaCare Plan NP information sheet \(PDF, 138KB\)](#)
- [PharmaCare Plan NP poster \(PDF, 260KB\)](#)
- PharmaCare Plan NP social media graphics
  - [Plan NP Facebook \(PNG, 101KB\)](#)
  - [Plan NP Instagram 4x5 \(PNG, 163KB\)](#)

## Resources

- [PharmaCare Policy Manual, Section 7.14: National Pharmacare Plan \(Plan NP\)](#)
- [National Pharmacare Plan \(Plan NP\)](#) – webpage for health professionals
- [National pharmacare in B.C.](#) – webpage for the public

## March 24 Special Release: BC PharmaCare expands coverage of diabetes-related supplies

As announced in the [February 2026 PharmaCare Newsletter \(PDF, 513KB\)](#), BC PharmaCare is expanding coverage of certain diabetes-related supplies, made possible by federal national pharmacare funding.

As of April 1, 2026, lancets, alcohol swabs and blood and urine ketone strips will be covered under Fair PharmaCare, Plan C (Income Assistance and Family Services), Plan F (Children in the At-Home Program), and Plan W (First Nations Health Benefits). Previously, these items were covered only by Plan W. These

supplies will be covered up to a maximum price which includes an 8% markup, and annual quantity limits will apply.

As with blood glucose test strips, patients must receive training from a diabetes education centre (DEC) or designated primary care network (PCN) to be eligible for coverage. Patients with an existing training certificate do not need to receive new training. The First Nations Health Authority (FNHA) will cover the first fill of eligible diabetes supplies for FNHA clients newly diagnosed with diabetes when needed. Contact FNHA at 1-855-550-5454 for coverage issues for FNHA clients. PharmaCare will not cover a dispensing fee for these supplies; these supplies are exempt from the [Full Payment Policy](#).

PINs for diabetes supplies categories will remain the same as under Plan W, and will be posted on [Diabetes product identification numbers \(PINs\)](#).

Product description	Annual quantity limit	Maximum price (incl. 8% mark-up)	PIN
Alcohol wipes/pads	300 wipes	\$0.0383 per unit	11120001
Blood ketone strips	100 strips	\$2.1060 per unit	11120002
Urine ketone strips		\$0.1512 per unit	11120003
Lancets for diabetic use	400 units	\$0.0756 per unit	11120004

Alcohol swabs for non-diabetic use will continue to be covered under Plan W, reassigned to PIN 11120005. Pricing and annual quantity limits will align with the above table.

### Resources

- [February 2026 PharmaCare Newsletter \(PDF, 513KB\)](#)
- [PharmaCare Policy Manual, Section 5.10: Full Payment Policy](#)
- [Diabetes product identification numbers \(PINs\)](#)

## March 24 Special Release: No registration required for Plan NP coverage

B.C.'s [National Pharmacare Plan \(Plan NP\)](#) launched on March 1, 2026. Plan NP provides 100% coverage of select diabetes medications, menopausal hormone therapy (MHT), and contraceptives for any B.C. resident enrolled in the Medical Services Plan (MSP).

For B.C. residents enrolled in MSP, coverage is automatic. Clients do **not** need to be registered for Fair PharmaCare to receive Plan NP coverage.

Exceptional coverage under Plan NP is available to B.C. residents who have completed two-step enrollment and are in the wait period for MSP. For these clients, a pharmacist must [apply for exceptional Plan NP](#).

Learn more about Plan NP at [National Pharmacare \(Plan NP\)](#).

### Resources

- [National Pharmacare \(Plan NP\)](#)