BC PHARMACARE NEWSLETTER

Edition 26-005: May 2026

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 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.

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BRITISH COLUMBIA
Ministry of Health

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pad Refills
Your dose of drug information in between sessions

Q: What is the role of transdermal testosterone in menopause?

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!

Pharmacist scope of practice clarification: fentanyl patch application

The Pharmacists Regulation updates of April 1, 2026, clarify and confirm that pharmacists may apply topical medications as part of patient care. Transdermal fentanyl patches are recognized as a topical medication, and pharmacists may claim the PharmaCare prescribed alternatives (PA) witnessing fee for eligible related activities.

As described in the Ministry of Health's Access to Prescribed Alternatives in British Columbia (PDF, 304KB), witnessed dosing of fentanyl patches includes pharmacist-led patch application and removal, as well as exchange programs where patients return used patches and receive new ones.

These activities are eligible for the PharmaCare PA witnessing fee, when other criteria are met. For details, visit the PharmaCare Policy Manual, Section 8.16: Prescribed Alternatives Witnessing Fee.

Read the British Columbia Centre on Substance Use's (BCCSU) clinical guidance on Prescribed Alternatives for details on the role of pharmacists in in fentanyl patch prescribed alternative programs.

Resources

- PharmaCare Policy Manual, Section 8.16: Prescribed Alternatives Witnessing Fee
- Prescribed Alternatives – BCCSU
- Fentanyl Patch Prescribed Safer Supply Protocols (PDF, 872KB) – BCCSU

Retroactive adaptation fee payment June 1

Following a complete review of adaptation fee payments since the College of Pharmacists of BC's Professional Practice Policy-58 (PPP-58) authorized pharmacists to renew prescriptions (2022) and change the dose, formulation or regimen (2024) of narcotics, controlled drugs and targeted substances, some pharmacies will receive a retroactive payment of these fees on June 1, 2026.

Affected pharmacies will find two separate line items on the Pharmacy Remittance Form, corresponding to:

- Renewals provided from October 14, 2022 to January 31, 2026
- Renewals and adaptations provided from August 1, 2024 to January 31, 2026

Both payments will be identified under adjustment code AR (Adaptations Retro).

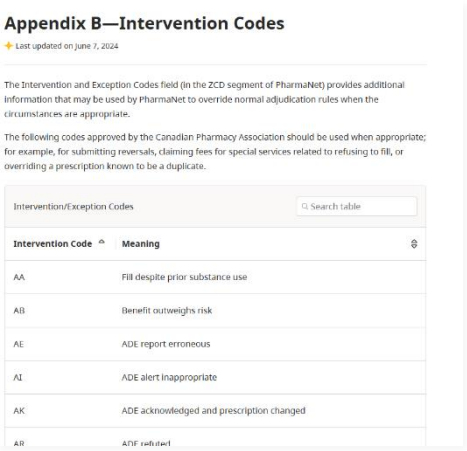
The system issue that delayed these payments has been resolved as of February 1, 2026.

Reminder: PharmaNet fan-outs and prescription forgeries

PharmaCare is reminding pharmacies that fan-out messages transmitted through PharmaNet are limited to warnings about lost or stolen prescription pads and unplanned PharmaNet outages. Prescription forgeries are not reported through fan-out messages.

If a client presents a forged prescription, the pharmacy should process it as a "refusal to fill" in PharmaNet, using the CF intervention code (falsified/altered prescription). If the prescription is suspected to be multi-pharmacy/multi-doctor, the pharmacy should use the intervention code CM.

For a list of PharmaNet intervention codes, refer to Appendix B—Intervention Codes, PharmaCare Policy Manual.



Appendix B—Intervention Codes

Last updated on June 7, 2024

The Intervention and Exception Codes field (in the ZCD segment of PharmaNet) provides additional information that may be used by PharmaNet to override normal adjudication rules when the circumstances are appropriate.

The following codes approved by the Canadian Pharmacy Association should be used when appropriate; for example, for submitting reversals, claiming fees for special services related to refusing to fill, or overriding a prescription known to be a duplicate.

Intervention/Exception Codes — Search table

Intervention Code	Meaning
AA	Fill despite prior substance use
AB	Benefit outweighs risk
AE	ADE report erroneous
AI	ADE alert inappropriate
AK	ADE acknowledged and prescription changed
AR	ADE refuted

For more information, including instructions on how to report a lost, stolen or duplicated prescription pad, visit PharmaCare Policy Manual, Section 2.7: Fan-Out Messages.

Resources

- Appendix B—Intervention Codes, PharmaCare Policy Manual
- PharmaCare Policy Manual, Section 2.7: Fan-Out Messages

TI Letter: Surge in doses of proton pump inhibitors

The Therapeutics Initiative published a new Therapeutics Letter examining the rise in proton pump inhibitor (PPI) dosing following the introduction of single-enantiomer products, such as esomeprazole and dexlansoprazole. Evidence shows no meaningful clinical advantage over older PPIs.

Read the full letter at [160] Surge in doses of proton pump inhibitors: a sleight of handedness?

Resources

- Therapeutics Initiative | [160] Surge in doses of proton pump inhibitors: a sleight of handedness?
- Pharmacy Operations and Drug Scheduling Act

Formulary and listing updates

Limited coverage benefits: ferric carboxymaltose (Ferinject®), teduglutide (Revestive®), cladribine (Mavenclad®), leuprolide (Eligard®), relugolix, estradiol and norethindrone acetate (Myfembree®)

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

Drug name	ferric carboxymaltose (Ferinject®)		
Date	April 8, 2026		
Indication	• For the treatment of iron deficiency anemia in adult and pediatric patients 1 year of age and older when iron preparations are not tolerated or are ineffective • For the treatment of iron deficiency (ID) in adult patients with heart failure and New York Heart Association (NYHA) class II/III to improve exercise capacity		
DIN	02546078	**Strength & form**	50 mg/mL (100 mg/2 mL, 500 mg/10 mL, 1000 mg/20 mL) single-dose vials for intravenous infusion
Notes	When entering claims for Ferinject, the unit of measurement is volume in millilitres, as per Correct quantities for PharmaCare claims.		

Drug name	teduglutide (Revestive®)		
Date	April 15, 2026		
Indication	For the treatment of adults and pediatric patients 1 year of age and above with short bowel syndrome (SBS) who are dependent on parenteral support.		
DIN	02445727	**Strength & form**	5 mg/vial powder for solution for injection
Notes	When entering claims for Revestive, the unit of measurement is number of vials, as per Correct quantities for PharmaCare claims.		

Drug name	cladribine (Mavenclad®)		
Date	April 22, 2026		
Indication	For the treatment of adult patients with relapsing-remitting multiple sclerosis (RRMS).		
DIN	02470179	**Strength & form**	10 mg tablet
Notes	Effective April 22, 2026, Mavenclad is available as a limited coverage benefit as **first-line monotherapy** for adults with RRMS. Patients are no longer required to demonstrate prior treatment failure or intolerance to other disease-modifying therapies to be eligible for Special Authority coverage of Mavenclad.		

Drug name	leuprolide acetate (Eligard®)		
Date	May 6, 2026		
Indication	For the treatment of central precocious puberty.		
DIN	02268892	**Strength & form**	45 mg extended-release injectable suspension

Drug name	relugolix, estradiol and norethindrone acetate (Myfembree®)		
Date	May 6, 2026		
Indication	For the management of heavy menstrual bleeding associated with uterine fibroids in premenopausal women.		
DIN	02541742	**Strength & form**	40 mg relugolix, 1 mg estradiol, 0.5 mg norethindrone oral tablet

Non-benefits: iptacopan (Fabhalta®)

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

Drug name	iptacopan (Fabhalta®)		
Date	April 13, 2026		
Indication	For the treatment of paroxysmal nocturnal hemoglobinuria.		
DIN	02554313	**Strength & form**	200 mg capsule

Discontinuations: nirmatrelvir and ritonavir (Paxlovid), Omnipod Personal Diabetes Manager, Dexcom G6 Continuous Glucose Monitor, hypromellose (Alcon Tears 1%)

Pfizer Canada has discontinued 20-tablet blister cards of nirmatrelvir and ritonavir (Paxlovid) 150 mg nirmatrelvir/100 mg ritonavir (DIN: 02527804). The last lot expires on October 31, 2026. This formulation was marketed for dosage in patients with renal impairment.

30-tablet blister cards of 300 mg (150 mg x 2) nirmatrelvir/100 mg ritonavir (DIN: 02524031) remain available and maintain PharmaCare coverage under Plan Z.

If using the full dose packaging for patients requiring the renal impairment dose adjustment:

- Remove 1 nirmatrelvir 150 mg (pink tablet) from both the morning and evening dose of each daily card, and
- Discard the extra nirmatrelvir tablets

Drug name		nirmatrelvir and ritonavir (Paxlovid)	
Expiry of current lot available		October 31, 2026	
Indication		Patients with moderate renal impairment with SARS-CoV-2 infection at high risk of progression to severe illness.	
Drug class		Antiviral	
DIN	02527804	**Strength & form**	150 mg, 100 mg tablet

Insulet Canada Corporation has discontinued the Omnipod Insulin Management System and the system's compatible Pods. Effective June 30, 2026, these products will no longer be available for purchase. Patients with compatible Pods must use them by the expiry date listed on the Pod package.

The Pods are not compatible with the other Insulet insulin delivery systems. Unused Pods are not available for exchange or refund. Patients who are still within the warranty period on their Omnipod Insulin Management System should reach out to Insulet directly for support.

Insulet's Omnipod Dash Personal Diabetes Manager and Omnipod 5 Automated Insulin Delivery System remain PharmaCare benefits.

For more information, refer to Insulet's Discontinuation of the Omnipod® Insulin Management System announcement.

PIN	Product name
45230011	Omnipod Personal Diabetes Manager (PDM) CAT45E English
45230012	Omnipod Personal Diabetes Manager (PDM) CAT45F French
46340028	OmniPod® Pod
Indication	For the management of insulin-dependent diabetes
Discontinuation date	June 30, 2026

Dexcom Canada has discontinued the Dexcom G6 Continuous Glucose Monitor (CGM) Sensor and G6 Transmitter, effective July 1, 2026. These products will still be available for purchase until wholesaler stock has been depleted. The Dexcom G6 Sensor and Transmitter will no longer be PharmaCare benefits as of December 2027. This aligns with the expiry date of the last lot of G6 Sensors sold.

Existing Dexcom G6 patients are expected to transition to the G7 Sensor and Transmitters. Dexcom Canada will continue providing technical support to all Dexcom G6 CGM users until the end of 2026.

Dexcom G6 patients who pair their insulin delivery system with the mylife Ypsopump should contact Ypsomed directly if they have questions regarding their transition to the Dexcom G7 CGM.

For more information, refer to Dexcom Canada's Transition to G7 page.

PIN	Product name
43120002	Dexcom G6® sensor
43120003	Dexcom G6® transmitter
Indication	For the management of insulin-dependent diabetes
Discontinuation date	June 30, 2026
PharmaCare non-benefit as of	December 2027

PharmaCare received notice that Alcon Canada will be discontinuing hypromellose (Alcon Tears 1%) in May 2026. Note that other lubricating eye drops remain available, and are benefits under Plan B and Plan W.

Drug name		Hypromellose (Alcon Tears 1%)	
Last lot expiry		September 30, 2028	
Drug class		Lubricating eye drops	
DIN	00000817	**Strength & form**	1% drops

Price reduction: filgrastim (Nivestym)

Effective June 5, 2026, the prices of the following products will be reduced. Prices include 8% markup.

Drug name	Nivestym		
Date effective	June 5, 2026		
DIN	**Strength & form**	**Current price per syringe / vial**	**New price per syringe / vial**
02485575	300 mcg/0.5mL syringe	$149.6206	$114.1342
02485583	480 mcg/0.8mL syringe	$239.3971	$182.6142
02485591	300 mcg/1mL vial	$149.6206	$114.1342
02485656	480 mcg/1.6mL vial	$239.3971	$182.6142

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
ubrogepant (Ubrelvy®)	The acute treatment of migraine, with or without aura, in adults.	April 29 to May 26 at 11:59 PM
bempedoic acid (Nilemdo™)	Primary hyperlipidemia and cardiovascular disease.	April 29 to May 26 at 11:59 PM
plozasiran (Redemplo™)	Adult patients with genetically confirmed or clinically diagnosed familial chylomicronemia syndrome (FCS) for whom standard triglyceride lowering therapies have been inadequate.	April 29 to May 26 at 11:59 PM
ritlecitinib (Litfulo™)	The treatment of alopecia areata (AA) in adults and adolescents aged 12 years and older.	April 29 to May 26 at 11:59 PM
anifrolumab (Saphnelo® SC)	The treatment of adult patients with active, autoantibody positive, systemic lupus erythematosus (SLE).	April 29 to May 26 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 2024-25 (PDF, 638KB) for more PharmaCare facts.