

BC PHARMACARE NEWSLETTER

Edition 25-011: November 2025

Table of Contents

Provincial Prescription Renewal Support Service ends	1
Additional private COVID vaccines available	2
Updates to PPRP formulary review	3
New directions for pharmacies using PPM version 70 software to claim special services fees.....	4
New PharmaCare benefit: Ethnocare Overlay™	5
Effect of free contraceptives on contraceptive use in B.C.....	5
Pharmacist survey: Building community knowledge about PharmaCare.....	6
TI Letter: Understanding insomnia treatment	7
Pharmacist interviews: Nicotine cessation support in B.C.....	7
Study reminder: Pharmacists providing OUD care	7
Resource: PharmaCare Help Desk self-serve options.....	8
RAT kits available free of charge until supplies run out	8
Policy Reminder: Protective words	9
Formulary and listing updates.....	9
Drug shortages	12
Your Voice: Input needed for drug decisions	13



Refills

Your dose of drug information in between sessions

Q: How does the weight loss effect of tirzepatide subcutaneous (Zepbound™) compare to semaglutide subcutaneous (Wegovy®) in people without type 2 diabetes?

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 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 B.C.'s healthcare providers.

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



Provincial Prescription Renewal Support Service ends

The Provincial Prescription Renewal Support Service (PPRSS) officially ended on October 31, 2025.

PPRSS supported pharmacists in delivering timely care to patients without a primary care provider. Introduced as a temporary measure, the service enabled prescription renewals in circumstances where pharmacists previously lacked authority. Since launching in 2022, the service managed over 2,000 prescription renewal requests.



With the expanded pharmacist authority introduced in October 2022 and August 2024, allowing pharmacists to [adapt and renew prescriptions](#) and [order and interpret laboratory tests](#), the need for PPRSS has significantly decreased.

The Ministry of Health remains committed to future collaboration with pharmacy partners, including frontline pharmacists, to develop services that meet evolving practice needs and improve access and quality of care for B.C. residents.

The Ministry of Health sincerely thanks all pharmacists who used and supported PPRSS.

Resources

- [Adapting prescriptions](#)
- [Pharmacists ordering lab tests](#)

Additional private COVID vaccines available

The following two COVID-19 vaccines are available for private purchase during B.C.'s 2025-26 viral respiratory campaign, which began on October 14, 2025.

- Spikevax, PIN 66128581
- Comirnaty, PIN 66128582

For more information on vaccines and procedures for entering claims in PharmaNet, visit [Publicly funded vaccines](#). This article is an update to the flu season vaccines announcement made in the [October 2025 PharmaCare Newsletter \(PDF, 218KB\)](#).

Resources

- [Publicly funded vaccines](#)
- [October 2025 PharmaCare Newsletter \(PDF, 218KB\)](#)

Updates to PPRP formulary review

In June 2025, the Canadian provinces and territories finished a multi-year evaluation of how plasma protein and related products (PPRP) are submitted, reviewed and listed on the national PPRP formulary. The national PPRP formulary is managed by Canadian Blood Services (CBS); except for Quebec, which has its own blood operator. The evaluation was done to better align PPRP processes with how drugs are reviewed for pharmaceutical formularies.

Representatives from provincial and territorial Health Ministries led the evaluation, collaborating with Canada's Drug Agency (CDA-AMC), CBS and other key partners. Deputy Ministers of Health approved a set of recommendations, which included revised eligibility criteria for PPRPs and an aligned PPRP review process for the national formulary. On September 25, 2025, [CDA-AMC formally announced the end of the review](#).

Revised eligibility criteria for PPRPs

A key objective of the evaluation was revising eligibility criteria for PPRPs to be listed on the national formulary. The [revised eligibility criteria](#):

- Address challenges arising from novel therapies that treat conditions which have historically been treated with plasma-derived products
- Provide clearer direction for how novel therapies (e.g., monoclonal antibodies) will be reviewed for listing on public drug plans
- Reduce uncertainty for manufacturers, patient groups, and payors

Products that do not meet the criteria may be reviewed through CD-AMC's [Reimbursement Review process](#) to determine if they will be listed on provincial or territorial drug plans. Manufacturers can complete the CDA-AMC [eligibility inquiry form \(DOCX, 166KB\)](#) to find out if their product is eligible for review.

Aligned PPRP review process

Under the new aligned PPRP review process, the Canadian Expert Drug Committee (CDEC) is responsible for reviewing PPRPs and providing listing recommendations. Clinical specialists advise the review teams and participate in expert committee deliberations. Based off CDA-AMC and CBS' prior Interim PPRP Review process, the new review process has CDEC taking on the role of the Canadian Plasma Protein Product Expert Committee (CPEC).

For more details on the evaluation findings and the new PPRP eligibility criteria and review process, refer to [Pharmaceutical Reviews Update – Issue 59](#).

Resources

- [Pharmaceutical Reviews Update – Issue 59](#)
- [Alignment of Reimbursement Review Process for Plasma Protein and Related Products](#)
- CDA-AMC [Reimbursement Review process](#)
- CDA-AMC [eligibility inquiry form \(DOCX, 166KB\)](#)

New directions for pharmacies using PPM version 70 software to claim special services fees

PharmaCare has posted new directions for pharmacies using software updated to support Provincial Prescription Management (PPM) to claim special services fees for refusing to fill a prescription.

1. If the prescription authorization has not been uploaded to PharmaNet (i.e., for paper or faxed prescriptions received at the pharmacy), upload the prescription with the details as written by the prescriber. Do not perform a dispense/claim adjudication.
2. Update the prescription authorization status to 'O – Obsolete' by submitting a TRX-X2 transaction.
 - Ensure the following are entered as this information is used by PharmaCare to provide payment to pharmacies
 - Reason Code = RF (Refusal to Fill)*
 - Medication Management Intervention (MMI) code = RTF (Refusal to Fill)*
 - Clinical Service (CS) code = as appropriate, refer to table below

CS Code	Description
ATPR	ALLERGY TO PRODUCT IS ON RECORD
CGDS	CONSULTED PRESCRIBER – CHANGED DOSAGE
CGIN	CONSULTED PRESCRIBER – CHANGED INSTRUCTIONS FOR USE
DNGR	DANGEROUSLY HIGH DOSE
DUPL	THERAPEUTIC DUPLICATION
FALS	FALSIFIED/ALTERED PRESCRIPTION
MULT	MULTI-DOCTORING / MULTI-PHARMACY
PADR	PRIOR ADVERSE REACTION
PINE	PRODUCT IS NOT EFFECTIVE
PTOA	POTENTIAL OVERUSE/ABUSE
QPNR	QUANTITY PRESCRIBED IS NOT RATIONAL
SDTD	SIGNIFICANT DRUG INTERACTION (DRUG-TO-DRUG)
SUBD	SUB-THERAPEUTIC DOSE
TFLR	TREATMENT FAILURE

***Note:** Some software may automatically populate the Reason and MMI codes based on workflow prompts and selections by the user.

Performing this action will prevent the prescription authorization from being filled in the future. It is important the pharmacist only takes this action for prescriptions that are true refusals to fill and not a situation where the client is requesting an early fill of a medication. For additional questions about entry procedures, pharmacies are encouraged to contact their software vendor.

New PharmaCare benefit: Ethnocare Overlay™

Effective November 3, 2025, PharmaCare will cover Ethnocare Overlay™, an air expansion sleeve designed to adjust the fit of prosthetic leg sockets and accommodate limb volume fluctuation.

Clients who use a liner with no other socks are eligible for coverage of one sleeve per year under [Fair PharmaCare](#) (subject to the client's annual [deductible](#) and [family maximum](#)), [PharmaCare Plan B](#) (Long-term Care), and [PharmaCare Plan C](#) (Recipients of B.C. Income Assistance).

Pre-approval is required. Trans-femoral and trans-tibial versions of these devices are both covered up to the lowest available price; claims can be submitted by using the appropriate [TF or TT socket PIN](#), or the [PIN for supplies requiring pre-approval](#).

Resources

- [PharmaCare Policy Manual, Section 7.2: Fair PharmaCare](#)
- [PharmaCare Policy Manual, Section 7.4: Income Assistance \(Plan C\)](#)
- [PharmaCare Policy Manual, Section 7.3: Long-term Care \(Plan B\)](#)
- [Prosthetic & Orthotic Policy Manual, Section 6.1.4: Replacement quantity/time limits for prosthetic supplies](#)
- [Reimbursement schedule for definitive sockets](#)
- [Reimbursement schedule for prosthetic and orthotic services and supplies](#)

Effect of free contraceptives on contraceptive use in B.C.

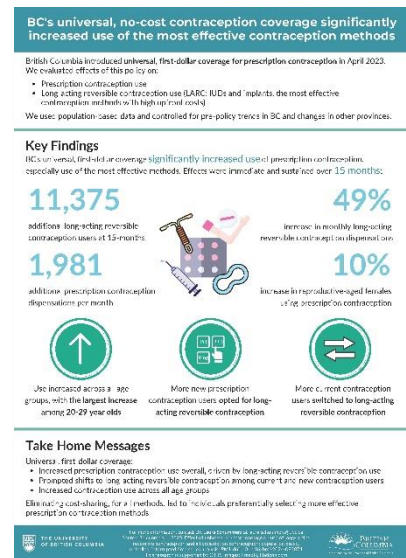
Throughout the past year, the Ministry of Health partnered with researchers at the University of British Columbia (UBC) to review contraceptive prescribing by pharmacists to examine the impact of PharmaCare's free contraception initiative.

Results of the research are in the published study: [Effect of universal no-cost coverage on use of long-acting reversible contraception and all prescription contraception: population based, controlled, interrupted time series analysis](#).

For an overview of the key findings, refer to UBC's infographic: [BC's universal, no-cost contraception coverage significantly increased use of the most effective contraception methods](#).

Resources

- [Effect of universal no-cost coverage on use of long-acting reversible contraception and all prescription contraception: population based, controlled, interrupted time series analysis](#)
- [UBC infographic: BC's universal, no-cost contraception coverage significantly increased use of the most effective contraception methods](#)



Pharmacist survey: Building community knowledge about PharmaCare

Pharmacists know their community well—and we want to learn from you. The [PharmaCare Community Outreach Survey](#) is open from November 13 to 27, to solicit pharmacist experience and ideas for improving public knowledge about PharmaCare.

The BC PharmaCare communications team is launching a project to help community organizations, from libraries to refugee settlement agencies, share information about PharmaCare with the people they serve.

By completing our short survey, pharmacists can help us understand what pharmacy clients don't know about PharmaCare and what they should know. The survey also invites ideas for ways for us to share information.


We want to create more opportunities for people to learn about PharmaCare coverage. We hope the project will mean fewer questions for pharmacists about BC PharmaCare.

Visit [PharmaCare Community Outreach Survey](#) to take part. The survey has seven questions and will be open from November 13 to 27, 2025.

You can email us at pharmacareinfo@gov.bc.ca if you'd rather share your thoughts by email or to set up a call. If you are not a pharmacist, you are also welcome to reach out.

Pharmacist survey questions

1. Do your clients express difficulty understanding PharmaCare coverage or policies?
2. What do you wish your clients knew about PharmaCare?
3. Which community organizations do you interact with most?
4. What do you wish students or new graduates in health care knew about PharmaCare before starting work?
5. What types of communication materials are helpful for sharing PharmaCare information with staff?
6. What types of communication materials are helpful for sharing PharmaCare information with clients?
7. Is there anything else you would like to add?

 Non-pharmacists can email us with thoughts, ideas or questions at pharmacareinfo@gov.bc.ca.

Resources

- [PharmaCare Community Outreach Survey](#)

TI Letter: Understanding insomnia treatment



The Therapeutics Initiative has recently published a Therapeutics Letter about the evidence-informed use of zopiclone and trazadone for insomnia treatment.

Visit [Improving how we prescribe zopiclone and trazadone for insomnia](#) to read the Letter.

Resources

- [Therapeutics Initiative – \[158\] Improving how we prescribe zopiclone and trazadone for insomnia](#)

Pharmacist interviews: Nicotine cessation support in B.C.

The [Ministry of Health Research Seed Grant Program](#) continues to seek input from community pharmacists providing non-pharmacologic nicotine cessation support to patients in B.C.

Community pharmacists who complete a 30-minute one-on-one interview with the research team will receive a \$50 honorarium for their participation. To take part in the study, contact Dr. Karen Dahri at karen.dahri@vch.ca.

[Smoking cessation](#) is part of the [Minor Ailments and Contraception Services \(MACS\)](#) provided by B.C. community pharmacists. The goal of the interviews is to determine how community pharmacists in B.C. deliver non-pharmacologic nicotine cessation support to individuals who smoke and/or vape and related barriers and facilitators to providing this service.

Resources

- [Smoking cessation](#) – BC PharmaCare
- [Minor Ailments and Contraception Services \(MACS\)](#) – BC PharmaCare
- [Ministry of Health Research Seed Grant Program](#) – UBC

Study reminder: Pharmacists providing OUD care

If you provide care for individuals with opioid use disorder (OUD) or have ideas about pharmacists providing care, the Centre for Advancing Health Outcomes wants to hear from you!

A group of researchers from the Centre for Advancing Health Outcomes at St. Paul's Hospital in Vancouver is conducting a study titled [Exploring pharmacists' perspectives to inform recommendations on barriers and facilitators for engaging people with opioid use disorder in care](#). The project is funded by the [Ministry of Health Seed Research Grant Program](#).

The researchers' goal is to identify the barriers and facilitators to pharmacists providing OUD care. The information gathered will be used to develop ideas to help pharmacists and address the barriers to providing OUD care.

Participation in the study involves a one-hour interview over Zoom. Participants will be compensated \$30 for their time.

If you are interested in participating, visit [Exploring pharmacists' perspectives to inform recommendations on barriers and facilitators for engaging people with opioid use disorder in care](#) to complete an eligibility survey. Eligible participants will be contacted with study details, procedures, and a consent form.



Please contact pharmacistoudcare@advancinghealth.ubc.ca with any questions about the study.

Resources

- [Exploring pharmacists' perspectives to inform recommendations on barriers and facilitators for engaging people with opioid use disorder in care](#)
- [Ministry of Health Seed Research Grant Program](#)

RAT kits available free of charge until supplies run out

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).

Resource: PharmaCare Help Desk self-serve options

The [PharmaCare Help Desk](#) provides support for pharmacists. You can use the automated self-service support option if you are looking for:

- Practitioner ID number – press 1 and enter prescriber's MSP billing #
- Special Authority details (e.g., max days' supply, expiry date if applicable) – press 2 and enter client's PHN
- Which plans cover a particular drug – press 3 and enter drug DIN or PIN
- Client's blood glucose test training status – press 4 and enter client PHN
- Client's coverage plans – press 5 and enter client PHN
- Name of pharmacy that previously dispensed a prescription – press 6 and enter client PHN

When calling the Help Desk, you will need to enter your College of Pharmacists of BC practitioner ID number (not employee number).

The Help Desk is open 24/7, closed only on December 25.


To access the PharmaCare Help Desk, call 604-682-7120 (Lower Mainland) or 1-800-554-0225 (toll-free).

Resources

- [PharmaCare Policy Manual, Section 11.1: PharmaCare Help Desk and Medical Practitioner Line](#)


Policy Reminder: Protective words

POLICY REMINDER: PROTECTIVE WORDS

A client can attach a **protective word** to their PharmaNet record. The protective word acts as a lock. Only a practitioner with the protective word can view or update a client's records. 

Protective words may be overridden by authorized health care practitioners in an emergency situation where the client is unable to provide it. 

Protective words are not required but all clients **must be informed of the option**. 

Learn more in the [Policy Manual, Section 9.6: Protective Words](#) 



Resources

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

Formulary and listing updates

Biosimilars Initiative: tocilizumab transition coverage ending

As announced in the [June 2025 PharmaCare Newsletter](#), the Biosimilars Initiative is switching PharmaCare coverage from the originator tocilizumab product Actemra® to the biosimilar tocilizumab product Tyenne®. Transitional coverage for Actemra will end on November 27, 2025.

Effective November 28, 2025, PharmaCare no longer covers Actemra. To obtain PharmaCare coverage for tocilizumab, patients must obtain a prescription for the biosimilar product Tyenne.

Biosimilars are limited coverage benefits. Eligible patients must meet Special Authority criteria. For more information on the Biosimilars Initiative, visit [Biosimilars Initiative for health professionals](#).

New SA form: BotulinumtoxinA

The PharmaCare [Special Authority \(SA\)](#) team has launched the new SA request form for botulinumtoxinA, [HLTH 5865 – BotulinumtoxinA \(PDF, 1.3MB\)](#). All SA requests for [Botox](#), [Xeomin](#) and [Dysport](#) brands of botulinumtoxinA must be submitted using the new form (or eForm) as of November 12, 2025.

Non-benefits: insulin icodec (Awiqli®), ravulizumab (Ultomiris®)

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

Drug name	insulin icodec (Awiqli®)		
Date	September 10, 2025		
Indication	For the once-weekly treatment of adults (≥ 18 years of age) with type 2 diabetes mellitus (T2DM) to improve glycemic control		
DINs	02546213 02546221	Strength & form	700 U/mL in a 1.5 mL pre-filled pen 700 U/mL in a 3 mL pre-filled pen

Drug name	ravulizumab (Ultomiris®)		
Date	September 16, 2025		
Indication	Anti-aquaporin 4 (AQP4) antibody-positive neuromyelitis optica spectrum disorder (NMOSD)		
DINs	02491559 02533448 02533456	Strength & form	10 mg/mL 100 mg/mL 1100 mg/11 mL

EDRD coverage: evinacumab (Evkeeza®), metreleptin (Myalepta™)

The Ministry has initiated funding for the following drugs through PharmaCare's [Exceptional funding of EDRDs](#) (expensive drugs for rare diseases) process.

Drug name	evinacumab (Evkeeza®)		
Date	October 7, 2025		
Indication	As an adjunct to diet and other low-density lipoprotein cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients aged 5 years and older with homozygous familial hypercholesterolemia (HoFH)		
DIN	02541769	Strength & form	345 mg/2.3 mL and 1,200 mg/8 mL (150 mg/mL) single-use vials
Notes	Evinacumab will be distributed through Innomar Strategies. Initial applications for coverage will be approved for up to six months. The prescribing physician is responsible for requesting continued Ministry funding every 12 months thereafter.		

Drug name	metreleptin (Myalepta™)		
Date	October 21, 2025		
Indication	<p>As an adjunct to diet as a replacement therapy to treat the complications of leptin deficiency in lipodystrophy (LD) patients:</p> <ul style="list-style-type: none"> • With confirmed congenital generalized LD (Berardinelli-Seip syndrome) or acquired generalized LD (Lawrence syndrome) in adults and children two years of age and above • With confirmed familial partial LD (PL) or acquired PL (Barraquer-Simons syndrome), in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control 		
DINs	02544555 02544563 02544571	Strength & form	3 mg powder for solution for injection 5.8 mg powder for solution for injection 11.3 mg powder for solution for injection
Notes	Metreleptin will be distributed through Bioscript Logistics Inc. The prescribing physician is responsible for requesting continued Ministry funding every 12 months.		

Discontinuations: insulin products

Drug name	insulin regular human/isophane (NPH) insulin human 30/70 (Novolin®ge 30/70 Penfill®)		
Anticipated discontinuation date	December 31, 2025		
Expiry of last lot	2027		
Drug class	Premixed (prandial/basal) insulin		
DIN	02025248	Strength & form	100 U/mL, solution for subcutaneous injection in a 3 mL cartridge

Drug name	insulin regular human (Novolin®ge Toronto Penfill®)		
Anticipated discontinuation date	December 31, 2025		
Expiry of last lot	2027		
Drug class	Prandial insulin		
DIN	02024284	Strength & form	100 U/mL, solution for subcutaneous injection in a 3 mL cartridge

Drug name	isophane (NPH) insulin human (Novolin®ge NPH Penfill®)		
Anticipated discontinuation date	December 31, 2025		
Expiry of last lot	2027		
Drug class	Basal insulin		
DIN	02024268	Strength & form	100 U/mL, solution for subcutaneous injection in a 3 mL cartridge

Drug name	insulin detemir (Levemir® Penfill®)		
Anticipated discontinuation date	December 31, 2025		
Expiry of last lot	2027		
Drug class	Basal insulin		
DIN	02271842	Strength & form	100 U/mL, solution for subcutaneous injection in a 3 mL cartridge

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.

Shortage updates: Expected resolution date extended for spironolactone tablets, oxycodone/acetaminophen 5/325 mg, Teva-lenoltec No. 2, No. 3, No. 4

Shortage	Spironolactone 25 mg and 100 mg tablets (multiple brands)
Mitigation	Refer to Spironolactone shortage (PDF, 285KB) for guidance on using alternative therapies. Consider alternative anti-hypertensives for management of simple hypertension
Reason	Teva and Mint are reporting shortages because of manufacturing disruptions. Pfizer is reporting a shortage because of increased demand
Expected resolution	Continued resupplies are expected in the fall and supply should stabilize in December 2025
Resources	Notice: Spironolactone in short supply - Canada.ca

Shortage	Oxycodone/acetaminophen 5/325 mg, multiple DINs
Mitigation	Consider other opioids
Expected resolution	Product is on allocation. Supply expected to stabilize in December 2025
Note	Use the opioid conversion table in the Canadian Pharmacists Association resource below to make recommendations on equivalent doses
Resources	<ul style="list-style-type: none"> Acetaminophen with codeine or oxycodone in short supply: Notice – Health Canada Shortages of Acetaminophen with Oxycodone or Codeine – Canadian Pharmacists Association (PDF, 114KB)

Shortage	Teva-lenoltec No. 2, No. 3, No. 4
Mitigation	Consider other opioids
Expected resolution	Product is on allocation. Supply expected to stabilize in January 2026
Note	Other combination analgesics are available
Resources	<ul style="list-style-type: none"> • Acetaminophen with codeine or oxycodone in short supply: Notice – Health Canada • Shortages of Acetaminophen with Oxycodone or Codeine – Canadian Pharmacists Association (PDF, 114KB)

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
efgartigimod alfa (Vyvgart®)	Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults	October 28 to November 25 at 11:59 pm
roflumilast cream (Zoryve®)	Mild to moderate atopic dermatitis (AD) in patients 6 years of age and older	October 28 to November 25 at 11:59 pm
upadacitinib (Rinvoq®)	Giant cell arteritis (GCA) in adults	October 28 to November 25 at 11:59 pm

Did you know?



In 2023/24, PharmaCare added 264 new generic drugs to its formulary.

Read [PharmaCare Trends 2023-24 \(PDF, 1MB\)](#) for more PharmaCare facts.