BC PHARMACARE NEWSLETTER

Edition 26-011: November 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

The current edition of PAD Refills is about emergency contraception for patients taking isotretinoin for acne. Make sure to subscribe so you don't miss out on news and updates!

Safety risk: New Rybelsus® formulation

The new formulation of Rybelsus® (semaglutide) has increased bioavailability, and thus lower equivalent tablet strengths compared to the original formulation. During the transition period, pharmacists and other health professionals should take extra care to ensure the correct equivalent dose is provided.

The two formulations should **not be combined,** and should **not be interchanged at non-equivalent doses,** as this may result in dosing errors and medication safety risks. Care providers should familiarize themselves with the new equivalent dose strengths.

Original formulation			New formulation	
DIN	**Strength**		**DIN**	**Strength**
02497581	3 mg	→	02551012	1.5 mg
02497603	7 mg	→	02551020	4 mg
02497611	14 mg	→	02551039	9 mg

Local software systems may not clearly distinguish between the original and new Rybelsus formulations.

The **drug identification number (DIN)** is unique to each strength. Always check the DIN to confirm which formulation the patient is currently taking.

PharmaCare does not cover Rybelsus. PharmaCare is sharing this information for patient safety reasons.

Resources

- Product Monograph: Rybelsus® (PDF, 859KB)
- ALERT: Risk of Dose Errors with Transition to New Formulation of Rybelsus (Institute for Safe Medication Practices Canada)

Reminder: Office-use medication (O-Med) and stock transfers

PharmaCare is reminding pharmacies that they must not use their office-use medication (O-Med) PHN for stock transfers between pharmacies.

Pharmacies are assigned a unique O-Med PHN when they enrol as a PharmaCare provider, which they enter in PharmaNet when dispensing medications for a physician, dentist, veterinarian, or midwife to provide to patients in their clinic or office (but never for the practitioner's personal use).

Stock transfers are processed in a pharmacy's local software and are **not** submitted to PharmaNet. Pharmacies should direct questions about stock transfers to their software vendor rather than the PharmaCare Help Desk.

If a pharmacy does not know their O-Med PHN, they can contact the PharmaCare Help Desk or PharmaNet Data Quality Services at 1-844-660-3200.

Resources

- PharmaCare Policy Manual, Section 3.21: Office-Use Medications
- PharmaCare Policy Manual, Section 11.1: PharmaCare Help Desk and Medical Practitioner Line

Reminder: Correct quantities for Sublocade® claims

PharmaCare is reminding pharmacies to enter the **number of syringes** dispensed and not volume in millilitres when submitting Sublocade® claims. PharmaCare has noticed several billing errors for Sublocade with incorrect quantities.

Visit Correct quantities for PharmaCare claims for the correct units of measurement to use when entering claims in PharmaNet.

Resources

- Correct quantities for PharmaCare claims

TI Letter: Buprenorphine maintenance treatment for opioid use disorder

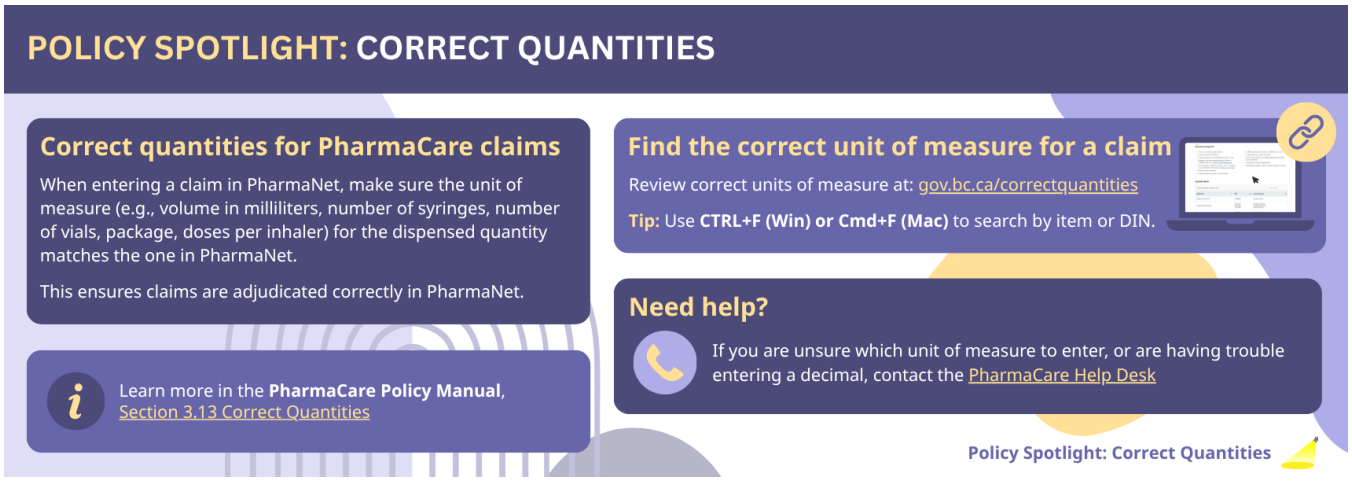
The Therapeutics Initiative published a new Therapeutics Letter on buprenorphine-naloxone maintenance treatment for opioid use disorder. The Letter describes how primary care providers can support patients receiving this treatment and provides practical guidance for ongoing care.

Read the full letter at Therapeutics Initiative | [163] Buprenorphine maintenance treatment for opioid use disorder.

Resources

- Therapeutics Initiative | [163] Buprenorphine maintenance treatment for opioid use disorder

Policy Spotlight: Correct Quantities



Resources

- Correct quantities for PharmaCare claims
- PharmaCare Policy Manual, Section 3.13: Correct Quantities
- PharmaCare Policy Manual, Section 11.1: PharmaCare Help Desk and Medical Practitioner Line

Formulary and listing updates

Limited coverage benefits

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

- delgocitinib (Anzupgo)
- Dexcom G7® (15-day) continuous glucose monitor
- denosumab biosimilars (Denoza™ and Idenos™)

Drug name	delgocitinib (Anzupgo)		
Date effective	October 28, 2026		
Indication	For the treatment of moderate to severe chronic hand eczema, including the relief of pain and pruritus, in adults who have had an inadequate response to (or are contraindicated for) topical corticosteroids		
DIN	02560704	**Strength & form**	20 mg/g topical cream
Covered by plans	Fair PharmaCare, Plan B, Plan C, Plan F and Plan W (Special Authority required for all plans)		

Drug name	Dexcom G7® (15-day) continuous glucose monitor		
Date effective	November 4, 2026		
Indication	For the treatment of diabetes mellitus (DM) that requires multiple daily injections of insulin or insulin pump therapy as part of intensive insulin therapy for patients 18 years of age or older		
PIN	43120013	**Strength & form**	Dexcom G7 (15-day) sensor
Covered by plans	Fair PharmaCare, Plan C, Plan F and Plan W (Special Authority required for all plans)		

Drug name	denosumab biosimilars (Denoza™ and Idenos™)		
Date effective	November 4, 2026		
Indication	Denoza: For the treatment of osteoporosis (limited coverage benefit) Idenos: Hypercalcemia of malignancy (Plan P)		
DINs	Denoza: 02566265 Idenos: 02566273	**Strength & form**	Denoza: 60 mg/mL pre-filled syringe Idenos: 120 mg/1.7 mL vial
Covered by Plans	Denoza: Fair PharmaCare, Plan B, Plan C, Plan F and Plan W (Special Authority required for all plans) Idenos: Plan P		
Notes	Idenos is a PharmaCare benefit under Plan P (Palliative Care) only. When entering claims for denosumab, the unit of measurement is volume in millimetres, as per Correct quantities for PharmaCare claims.		

Non-benefits

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

- enoxaparin (Axberi®, Axberi HP)
- nipocalimab (Imaavy®)
- methotrexate sodium (Nordimet®)
- methotrexate sodium (Methofill®)
- odevixibat (Bylvay™)
- ruxolitinib (Opzelura®)

Drug name	enoxaparin (Axberi®, Axberi HP)		
Date	October 21, 2026		
Indication	For the treatment and prophylaxis of venous thromboembolism (VTE) conditions		
DINs	02539977 02539985 02540002 02540010	**Strength & form**	30 mg/0.3 mL pre-filled syringe 40 mg/0.4 mL pre-filled syringe 60 mg/0.6 mL pre-filled syringe 80 mg/0.8 mL pre-filled syringe

	02540045 02540029 02540037		100 mg/mL pre-filled syringe 120 mg/0.8 mL pre-filled syringe 150 mg/mL pre-filled syringe

Drug name	nipocalimab (Imaavy®)		
Date	October 14, 2026		
Indication	As an add-on to standard therapy for the treatment of generalized myasthenia gravis		
DINs	02563509 02563517	**Strength & form**	300 mg/1.62 mL solution for intravenous use 1200 mg/6.5 mL solution for intravenous use

Drug name	methotrexate sodium (Nordimet®)		
Date	October 21, 2026		
Indication	For treatment of severe disabling psoriasis/psoriatic arthritis and severe disabling rheumatoid arthritis (RA) in adults		
DINs	02546531 02546558 02546566 02546574 02546582 02546590 02546604 02546612	**Strength & form**	7.5 mg/0.3 mL pre-filled pen 10 mg/0.4 mL pre-filled pen 12.5 mg/0.5 mL pre-filled pen 15 mg/0.6 mL pre-filled pen 17.5 mg/0.7 mL pre-filled pen 20 mg/0.8 mL pre-filled pen 22.5 mg/0.9 mL pre-filled pen 25 mg/1mL pre-filled pen

Drug name	methotrexate sodium (Methofill®)		
Date	October 21, 2026		
Indication	For treatment of severe disabling psoriasis/psoriatic arthritis and severe disabling rheumatoid arthritis (RA) in adults		
DINs	02530775 02530783 02530791 02530805 02530813 02530848 02530856	**Strength & form**	10 mg/0.20 mL pre-filled pen 12.5 mg/0.25 mL pre-filled pen 15 mg/0.30 mL pre-filled pen 17.5 mg/0.35 mL pre-filled pen 20 mg/0.40 mL pre-filled pen 22.5 mg/0.45 mL pre-filled pen 25 mg/0.50 mL pre-filled pen

Drug name	odevixibat (Bylvay™)		
Date	October 21, 2026		
Indication	For the treatment of: • pruritus in patients aged 6 months or older with progressive familial intrahepatic cholestasis (PFIC) • cholestatic pruritus in patients aged 12 months or older with Alagille syndrome (ALGS)		
DINs	02542641 02542676 02542684 02542692	**Strength & form**	200 mcg capsule 400 mcg capsule 600 mcg capsule 1200 mcg capsule

Drug name	ruxolitinib (Opzelura®)		
Date	October 21, 2026		
Indication	For the topical treatment of nonsegmental vitiligo (NSV) in adult and pediatric patients 12 years of age and older		
DIN	02552434	**Strength & form**	1.5% topical cream

Price reductions

Effective December 4, 2026, the prices for the following products will be reduced. Prices include 8% markup.

Drug name	rivaroxaban (Xarelto®)		
Date effective	December 4, 2026		
DIN	**Strength & form**	**Current price per unit**	**Reduced price per unit**
02480808	2.5 mg tablet	$1.5336	$0.3834
02316986	10 mg tablet	$3.0672	$0.7749
02378604	15 mg tablet	$3.0672	$0.7749
02378612	20 mg tablet	$3.0672	$0.7749

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 or device	Condition	Survey link and dates
donanemab (Kisunla™)	Mild cognitive impairment or mild dementia due to Alzheimer's disease	donanemab (Kisunla™) October 28 to November 24
lecanemab (Leqembi®)	Mild cognitive impairment or mild dementia due to Alzheimer's disease	lecanemab (Leqembi®) October 28 to November 24
rimegepant (Nurtec® ODT (orally disintegrating tablets)	Acute treatment of migraine in adults	rimegepant (Nurtec® ODT) October 28 to November 24
upadacitinib (Rinvoq®)	Active polyarticular course juvenile idiopathic arthritis (pcJIA)	upadacitinib (Rinvoq®) October 28 to November 24
fluticasone furoate, umeclidinium and vilanterol (Trelegy Ellipta)	Maintenance treatment of asthma in adults	fluticasone furoate, umeclidinium and vilanterol (Trelegy Ellipta) October 28 to November 24
benralizumab (Fasenra®)	Relapsing or refractory eosinophilic granulomatosis with polyangiitis (EGPA) in adults	benralizumab (Fasenra®) October 28 to November 24

Did you know?



In the 2024/25 fiscal year, PharmaCare paid nearly 21 million claims through Plan C (Income Assistance and Family Services).

Read PharmaCare Trends 2024-25 (PDF, 638KB) for more PharmaCare facts.