

BC PHARMACARE NEWSLETTER

Edition 25-009: September 2025

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Q: Do guidelines recommend initiating menopause hormone therapy (MHT) for the prevention or treatment of osteoporosis?

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 ɫəkʷəŋən 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 Health System Policy and Oversight Division to provide information to B.C.'s healthcare providers.

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

PPMAC two-year data overview and survey results

PPMAC two-year data

An overview of the first two years of data (June 1, 2023 to May 31, 2025) for pharmacists prescribing for minor ailments and contraception (PPMAC) is now available. Visit [Pharmacists Prescribing for Minor Ailments and Contraception \(PPMAC\) two-year overview \(PDF, 367KB\)](#).

B.C. pharmacists have been able to prescribe for minor ailments and contraception since June 1, 2023. The Minor Ailments and Contraception Service (MACS) is available to B.C. residents at no cost. Pharmacists can claim \$20 for each eligible MACS.

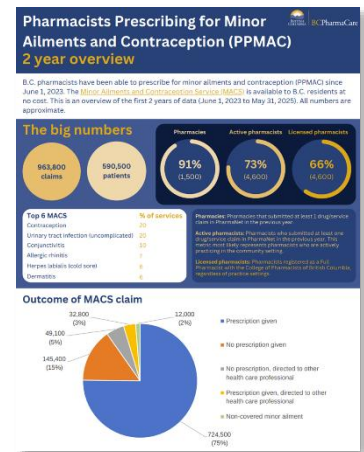
PPMAC client survey

As part of the PPMAC evaluation, BC Stats conducted a client survey. Refer to [2024 Minor Ailments and Contraception Services \(MACS\) Survey \(PDF, 597KB\)](#) and [2024 Minor Ailments and Contraception Services \(MACS\) Survey infographic \(PDF, 837KB\)](#) for the survey results.

The survey findings provide important insights into client experiences and satisfaction with the service.

Resources

- [PPMAC two-year overview \(PDF, 367KB\)](#)
- [2024 Minor Ailments and Contraception Services \(MACS\) Survey \(PDF, 597KB\)](#)
- [2024 Minor Ailments and Contraception Services \(MACS\) Survey infographic \(PDF, 837KB\)](#)
- [Pharmacists prescribing for minor ailments and contraception – data](#)



Streamlining registration for pharmacists ordering lab tests

Since August 30, 2024, pharmacists in B.C. are authorized to order certain laboratory tests for the purpose of medication management. Since then, over 650 pharmacists have obtained a Medical Services Plan (MSP) practitioner number, more than 250 pharmacists have registered with laboratory operators across B.C., and more than 3,300 tests have been ordered by pharmacists.

In July 2025, the Ministry of Health collaborated with the Provincial Laboratory Medicine Services (PLMS) to streamline how pharmacists register with laboratory operators. Improvements were based on feedback from laboratory operators and pharmacists.

PLMS now processes the registration forms, validates and shares registration details with laboratory operators, and oversees onboarding communications. If you have a registration-related question, please contact PLMS at pracbenefitscheds@phsa.ca.

For questions about the laboratory test referrals project, please contact the [Ministry of Health's Laboratory Services](#) team at labservices@gov.bc.ca.

This work reflects the province's commitment to collaborative health care. The recently streamlined registration process supports pharmacists in delivering medication management services in B.C. For more information, please refer to [Pharmacists ordering lab tests](#).

Resources

- [Pharmacists ordering lab tests](#)
- [Ministry of Health's Laboratory Services](#)

Updates to adult eligibility for the measles vaccine

Due to the recent resurgence of measles cases in B.C. and other parts of Canada, health providers are receiving growing interest in and requests for measles vaccinations, including from groups who have presumed immunity.

While there are currently no issues with vaccine supply, the Province is managing the situation carefully to prevent any shortage in the future. To that end, the Province has updated the measles, mumps and rubella (MMR) vaccine criteria in the [BC Immunization Manual \(PDF, 190KB\)](#) for adults born before 1970, to prioritize the vaccine for those who need it the most.

Effective August 25, 2025, healthy people born before 1970 are considered immune to measles and do not need vaccination. Immunity studies show that healthy adults born before 1970 are well-protected against measles due to previous infection when measles was very common, or from immunization when the vaccine became available during the 1960s. The [Canadian Immunization Guide](#) indicates this group has presumed immunity to measles.

There is no change to the eligibility for other adult populations:

- Adults born after 1970 who have not received two doses of measles-containing vaccine remain eligible for the MMR vaccine under the provincial immunization program
- Health care workers born before 1957 are considered immune but continue to be eligible if indicated, to protect them and patients who have a higher risk of infection

The Province is monitoring the vaccine supply closely with B.C.'s public health and immunization experts; the Ministry will keep you informed of any update.



For more information on the measles situation in B.C. including exposure locations, visit the BC Centre for Disease Control's [Measles](#) web page.



If your clients have questions about the measles vaccine and symptoms, they can visit HealthLinkBC's [Understanding measles](#) to learn more.

To claim the pharmacist vaccination fee of \$12.10 for administering a measles vaccine, pharmacists enter these PINs in PharmaNet:

Vaccine product group	Vaccine product	PIN
Measles, mumps, rubella	MMR-II™	66124781
	Priorix™	66124834
Measles, mumps, rubella, and varicella virus	Proquad®	66128068
	Priorix-Tetra	66128069

Refer to [Publicly funded vaccines](#) for the full list of publicly funded vaccine PINs.

Resources

- [BC Immunization Manual \(PDF, 190KB\)](#)
- [Measles](#) – BCCDC
- [Considerations for MMR and Varicella Immunization of Immunosuppressed Individuals](#) – BCCDC
- [Understanding measles](#) – HealthLinkBC
- [Canadian Immunization Guide](#)
- [Referral Form for MMR Vaccination \(PDF, 143KB\)](#)
- [Publicly funded vaccines](#)

BCCDC counterfeit pills infographic

The BC Centre for Disease Control (BCCDC) is encouraging pharmacies to share their infographic [Fake Pills Are Increasing in BC \(PDF, 192KB\)](#) with their clients, when appropriate.

Counterfeit pills circulating in B.C. have been found to contain potent opioids and other harmful substances that can cause drug poisoning. They can appear exactly like prescribed medications.

Fake pills sold on the streets and online commonly appear as oxycodone, alprazolam (Xanax), hydromorphone (Dilaudid), Percocet, or amphetamine (Adderall).

BCCDC asks pharmacies to consider doing the following, if appropriate for their clients:

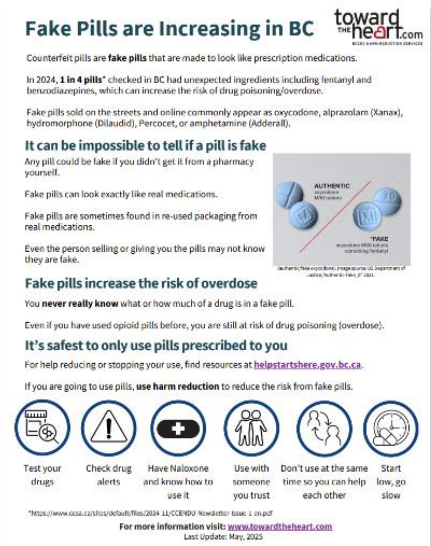
- Display the infographic
- Offer naloxone kits and training
- Referring clients to their clinicians or to helpstartshere.gov.bc.ca to learn about recovery supports
- Provide safer substance use education
- Advise people that the safest option is to avoid using pills that are not prescribed to them

People who are at risk of consuming counterfeit pills are encouraged to use drug-checking services, carry a naloxone kit, and only use with someone who has naloxone and is trained to use it. They can also find support through:

- A nearby [overdose prevention](#) site
- A virtual overdose prevention service, such as [National Overdose Response Service \(NORS\)](#) or the [Lifeguard App](#)
- Signing up for toxic drug alerts by texting JOIN to 253787 (“ALERTS”)

Resources

- [Fake Pills Are Increasing in BC \(PDF, 192KB\)](#)
- [Overdose prevention](#)
- [National Overdose Response Service \(NORS\)](#)
- [Lifeguard App](#)
- helpstartshere.gov.bc.ca



Share your experience as a pharmacist providing care for people with OUD

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.



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

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.

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](#)

Survey: Nicotine cessation support in B.C.

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

[Smoking cessation](#) is part of the [Minor Ailments and Contraception Services \(MACS\)](#) provided by B.C. community pharmacists. The goal of the survey 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.

Visit [Beyond Prescriptions: The Role of Community Pharmacists in Providing Non-Pharmacologic Nicotine Cessation Support to British Columbians](#) to complete the survey. The survey should take around 15 minutes to complete, and participants can enter a draw for a gift card.

Resources

- [Beyond Prescriptions: The Role of Community Pharmacists in Providing Non-Pharmacologic Nicotine Cessation Support to British Columbians](#) – Survey link
- [Smoking cessation](#) – BC PharmaCare
- [Minor Ailments and Contraception Services \(MACS\)](#) – BC PharmaCare
- [Ministry of Health Research Seed Grant Program](#) – UBC

Quick guide: How to search for a PHN in PharmaNet

The PharmaCare communications team has created a new quick reference guide to searching for a PHN (Personal Health Number) in PharmaNet. Visit [How to search for a PHN in PharmaNet \(PDF, 79KB\)](#) to view or download the guide.

A client's PHN is required to process a prescription in PharmaNet. Every reasonable effort must be taken to obtain a client's PHN. Learn more about PHNs in the [PharmaCare Policy Manual, Section 3.3: Patients – Personal Health Numbers](#).

How to Search for a Personal Health Number (PHN) in PharmaNet



Please make every effort to obtain a client's Personal Health Number (PHN). The correct PHN is vital to a person's care.

If a client does not have a BC Services Card or is not a resident of B.C., ask if they have:

- Lived in B.C. previously (after 1995)
- Filled a prescription in B.C., or used a public B.C. health service (including as a non-resident/visitor) (after 1995)

If they answer yes to either question, they probably have a PHN.

Request identification with the person's name and date of birth (DOB).

Use the PharmaNet Name Search (TPN) and enter their first and last name, gender and DOB.

If there are no matches

Make sure that the ID belongs to the client.

Confirm first and last names.

Ask if the client:

- Has changed their last name or marital status
- Has a hyphenated last name
- Has spaces in the last name (e.g., van der Ham)
- Uses their middle name as a first name
- Uses a nickname, English version, or alternative spelling of their first name (e.g., Bob for Robert)

Try this:

- Enter initial of first name / nickname instead of full name
- Switch first and last name, or middle and last name
- Search closely related names (e.g., Mac vs. Mc)
- If searching for a newborn, use "baby" as the first name and/or ask if they may be registered under a different surname
- Confirm the DOB, with attention to the year. PharmaNet only returns results for the year entered

No luck? Contact the physician to get the PHN.

Still no luck? Call the PharmaCare Help Desk.



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If there are several PHNs for the same person

Use full name and address to determine the exact match

- Still no exact match: Ask if client lived at any of the addresses
- Still several matches: Contact PharmaCare Help Desk to request a merge. They'll let you know which PHN to use in the meantime

Out-of-date or incorrect information

- Update address with TPA transaction (Update Patient Address)
- If the name, gender or DOB on the client's ID is different from the one on file for the PHN, advise the client to call us at 1-800-663-7100

When filling a prescription for an animal, use the animal owner's PHN. Enter the veterinarian's licence number as the Pract ID, and Ref code V9. PHNs are assigned only to humans.



If you need help, contact the PharmaCare Help Desk or review

Section 3.3., PharmaCare Policy Manual www.gov.bc.ca/pharmacarepolicy

Claims submitted with pharmacy-assigned PHNs are not covered (unless the client already has PharmaCare coverage / PHN).

Resources

- [How to search for a PHN in PharmaNet \(PDF, 79KB\)](#)
- [PharmaCare Policy Manual, Section 3.3: Patients – Personal Health Numbers](#)

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
June 2025	September 2, 2025

RAT kit distribution fee program ends

As announced in the [May 2025](#) and [June 2025 PharmaCare Newsletters](#), PharmaCare has ended the RAT kit distribution fee program. The last day to submit claims for the [PharmaCare RAT kit distribution fee](#) was 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).

Resources


- [May 2025 PharmaCare Newsletter \(PDF, 450KB\)](#)
- [June 2025 PharmaCare Newsletter \(PDF, 685KB\)](#)
- [PharmaCare Policy Manual, Section 8.15: Rapid antigen test kit distribution](#)
- [2025 PharmaCare Provider Payment Schedule \(PDF, 120KB\)](#)

Policy Spotlight: Cystic Fibrosis (Plan D)

POLICY SPOTLIGHT: CYSTIC FIBROSIS (PLAN D)

People registered with a provincial cystic fibrosis clinic and for **Plan D** are eligible for items in the cystic fibrosis formulary:

- Full coverage of eligible digestive enzymes under Plan D
- Coverage of certain vitamins, nutritional supplements and hypertonic saline solutions under their other plan (Fair PharmaCare, Plan C, Plan F or Plan W)

Items in the cystic fibrosis formulary are eligible for coverage only if they are purchased at a pharmacy counter. 



Learn more about Plan D in the PharmaCare Policy Manual, [Section 7.5 Cystic Fibrosis \(Plan D\)](#)



Dispensing cystic fibrosis items

1. Consult the cystic fibrosis formulary to determine if the item is covered
2. Submit the claim with the correct DIN/PIN

For liquid nutritional supplements, the dispensed quantity claimed should be the total metric quantity dispensed. For example, when submitting a claim for case of Ensure® (12 cans @ 235 ml per can) enter the total metric volume of the case (i.e., 2820 mL).

The claim will adjudicate under **Plan D** or the client's primary PharmaCare plan. 

Policy Spotlight: Cystic Fibrosis (Plan D)

Resources

- [PharmaCare Policy Manual, Section 7.5: Cystic Fibrosis \(Plan D\)](#)
- [Cystic Fibrosis \(Plan D\)](#)
- [Cystic fibrosis supplies PINS](#)

Formulary and listing updates

Limited Coverage benefits: secukinumab (Cosentyx®), Freestyle Libre 3 Plus Flash Glucose Monitor

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

Drug name	secukinumab (Cosentyx®)		
Date effective	August 13, 2025		
Indication	For the treatment of adult patients with moderate to severe hidradenitis suppurativa (acne inversa) who have responded inadequately to conventional systemic hidradenitis suppurativa therapy		
DINs	02438070 02547724	Strength & form	150 mg/mL pre-filled pen (SensoReady pen) 150 mg/mL pre-filled syringe

Drug name	Freestyle Libre 3 Plus Flash Glucose Monitor		
Date effective	August 20, 2025		
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 2 years of age or older		
PINs	43120011 43120012	Strength & form	FreeStyle® Libre 3 plus sensor FreeStyle® Libre 3 plus reader

Regular benefit: edoxaban (generics)

Effective September 4, 2025, generic edoxaban for atrial fibrillation and venous thromboembolism (VTE) is a regular PharmaCare benefit.

Only the generic version of the drug will become a regular benefit. The brand product, Lixiana, which some clients have exceptional PharmaCare coverage for, will remain a non-benefit.

There is a one-month wash out period for pharmacies to use up their supply of Lixiana. Clients with PharmaCare approval for coverage of Lixiana need to switch to a generic formulation to maintain their coverage. Pharmacists can [adapt prescriptions](#) to switch clients to the generic drug.

Drug name	edoxaban (generics)		
Date effective	September 4, 2025		
Indication	<ul style="list-style-type: none"> For the prevention of stroke and systemic embolic events in patients with atrial fibrillation, in whom anticoagulation is appropriate For the treatment of venous thromboembolism (VTE) (deep vein thrombosis [DVT], pulmonary embolism [PE]) and the prevention of recurrent DVT and PE 		
DINs	02554208 02553414 02554216 02553422 02557282 02554224 02553430 02557290	Strength & form	Teva-edoxaban 15 mg tablet Sandoz edoxaban 15 mg tablet Teva-edoxaban 30 mg tablet Sandoz edoxaban 30 mg tablet Jamp edoxaban 30 mg tablet Teva-edoxaban 60 mg tablet Sandoz edoxaban 60 mg tablet Jamp edoxaban 60 mg tablet

EDRD coverage: setmelanotide (Imcivree®)

Effective July 29, 2025, the Ministry of Health initiated funding of setmelanotide (Imcivree®) through PharmaCare's [Exceptional funding of EDRDs](#) process.

Clinicians may apply for funding for eligible patients with obesity due to Bardet-Biedl syndrome. Setmelanotide is distributed through Dex Wholesale.

Initial applications will be approved for up to 26 weeks. The prescribing physician is responsible for requesting continued Ministry funding annually thereafter.

Drug name	setmelanotide (Imcivree®)		
Date	July 29, 2025		
Indication	For weight management in adult and pediatric patients six years of age and older with obesity due to Bardet-Biedl syndrome		
DIN	02537745	Strength & form	10 mg/mL solution for subcutaneous injection in 1 mL multi-dose vial

Price reduction: etanercept (Brenzys®)

Effective October 4, 2025, the prices for the following products will be reduced.

Prices include 8% markup.

Drug name	etanercept (Brenzys®)	Strength & form	Current price per unit (\$)	Reduced price per unit (\$)
Date effective	October 3, 2025			
DINs	02455331	50 mg/mL auto-injector	260.2800	255.0744
	02455323	50 mg/mL pre-filled syringe	260.2800	255.0744

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 shortage: Spironolactone tablets

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	Resupplies of 25 mg tablets were received in August but were not enough to fulfill demand. Resupply of 100 mg tablets was expected in August. Continued resupplies are expected in fall and supply should stabilize in October
Resources	Notice: Spironolactone in short supply - Canada.ca

Shortage update: Peginterferon alfa-2a (Pegasys®)

The Peginterferon alfa-2a (Pegasys®) shortage has been updated. Irish-labelled Peginterferon alfa-2a (Pegasys) 180 mcg/0.5mL pre-filled syringe (PIN 09858366) is now authorized by Health Canada to mitigate this shortage.

Shortage	Peginterferon alfa-2a (Pegasys®) 180 mcg/0.5 mL pre-filled syringe, DIN 02248077
Mitigation	<ul style="list-style-type: none"> US-labelled ropeginterferon alfa-2b (BESREMI®) 500 mcg/mL pre-filled syringe, PIN 09858357 Irish-labelled Peginterferon alfa-2a (Pegasys) 180 mcg/0.5mL pre-filled syringe, PIN 09858366 <p>BESREMI and Pegasys are not eligible PharmaCare benefits. Direct cancer patients with BESREMI or Pegasys prescriptions to a B.C. cancer centre or community oncology network.</p>
Ordering	Irish-labelled Pegasys can be ordered through various distributors. BESREMI in B.C. is ordered direct from Forus Therapeutics Inc. Email FORUS-CSR@innomar-strategies.com or call 1-866-542-7500
Reason	Peginterferon is in shortage due to increase in demand and change in manufacturing site. Supply continues to be received but not in sufficient quantities. Restrictions on ordering are in place.
Expected resolution	Early 2026

Resources

- [Importation of US-Authorized BESREMi \(Ropeginterferon alfa-2b-njft\) Injection Due to the Current Shortage of Canadian-Authorized PEGASYS \(Peginterferon alfa-2a\) Injection](#) – Government of Canada
- [Importation of Irish-labelled PEGASYS® due to the current shortage of Canadian-authorized PEGASYS® \(peginterferon alfa-2a injection\)](#) – Pharma&

Resolved shortage: Fluorouracil 5% topical cream (Efudex®)

As of August 20, 2025, the fluorouracil 5% topical cream (Efudex®) shortage is resolved. During the shortage, Tolak® (fluorouracil 4% topical cream), DIN 2485346, was temporarily added as a regular PharmaCare benefit. Tolak is indicated for the treatment of actinic keratosis.

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
vanzacaftor, tezacaftor, deutivacaftor (Alyftrek™)	The treatment of cystic fibrosis (CF) in people aged 6 years and older who have at least one F508del mutation or another responsive mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene	August 27 to September 23 at 11:59 pm
Delgocitinib (TBC)	For the treatment of moderate to severe chronic hand eczema (CHE), including the relief of pain and pruritus (itching), in adults	August 27 to September 23 at 11:59 pm

Did you know?

[Hospital Access to PharmaNet \(HAP\)](#) was launched in 2007. HAP allows authorized physicians and pharmacists to request and receive up-to-date records of medications dispensed to a patient at each registered hospital or designated mental health facility. Read [PharmaCare Trends 2023-24 \(PDF, 1MB\)](#) for more PharmaCare facts.