BC PHARMACARE NEWSLETTER

Edition 09-026: September 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 S<u>a</u>n'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 a diabetes drug table update. Make sure to subscribe so you don't miss out on news and updates!

Continuity of care in states of emergency

B.C. declared a state of emergency on August 8, 2026, due to wildfires, particularly in the province's central Interior and Okanagan regions. At that time, the PharmaCare Newsletter webpage was updated with the practice tips below.

Pharmacists are essential to continuity of care for B.C. residents evacuated due to wildfire or other calamities, who may be without medications or health records. By applying PharmaCare policies and claims procedures outlined on the Patient care during states of emergency and evacuations web page, pharmacists can ensure that B.C. residents have access to needed medications in emergency situations.

The page contains practice tips on dispensing emergency supplies, managing opioid agonist treatment (OAT) prescriptions, using the Transitional Payment Request (TPR) for Plan W benefits, information on emergency Plan C coverage for evacuees, who to contact for support, and more.

Visit Patient care during states of emergency and evacuations for full procedures and further details.

Supporting FNHA clients during wildfire evacuations

The First Nations Health Benefits (FNHB) program, administered by the First Nations Health Authority (FNHA), is committed to ensuring clients evacuated due to wildfires and other emergencies continue to access essential health benefits.

FNHB may be able to assist with coverage for:

- Medications and pharmacy benefits
- Medical supplies and equipment
- Vision, dental, mental health and wellness supports
- Travel assistance

If a coverage issue cannot be resolved immediately, FNHB recommends that providers use the Transitional Payment Request (TPR) to submit a one-time manual claim at the time of dispensing. This helps ensure clients receive needed benefit items without delay. A **$10 service fee** is available for providers who use the TPR form.

For questions about coverage, eligibility, or supports for evacuated clients, contact FNHA Health Benefits at 1-855-550-5454. For more information, visit the FNHA wildfire information webpage.

Resources

- Transitional Payment Request (TPR)
- FNHA wildfire information webpage
- Patient care during states of emergency and evacuations

PA witness fee payments will be issued in September

PharmaCare payments for claims of witnessing doses of prescribed alternatives (PAs) in May, June and July, 2026, will be issued on September 8. Pharmacies can expect to receive retroactive payments for doses of PAs witnessed from June 18, 2025, to March 31, 2026, in fall 2026.

The system issue that delayed these payments has been resolved.

New accredited Indigenous cultural safety and humility course through UBC

Alhgoh Together as One, Together as Community: Pathway to Indigenous Cultural Safety is now available at no cost through UBC Continuing Professional Development (UBC CPD).

Grounded in the lands, languages, and teachings of the Lheidli T'enneh, *Alhgoh* means "together as one, together as a community" in Dakelh and neighbouring Wet'suwet'en languages.

Grounded in current provincial practice standards, the self-paced online course examines how colonialism and anti-Indigenous racism continue to shape health outcomes and care experiences for Indigenous Peoples. Participants explore self-reflection in clinical practice, trauma- and violence-informed approaches, respectful communication, and strategies to address power imbalances in care.

Designed for busy clinicians, participants learn through:

- Real-world clinical scenarios
- Self-reflection exercises
- Practical tools that can be implemented immediately in clinical practice
- Guidance from Indigenous Knowledge Keepers and Elders

The course supports healthcare providers in meeting their professional responsibilities to provide culturally safe, anti-racist care, and is intended for learners at any stage of their cultural humility journey.

Pharmacists can apply the time to their annual College of Pharmacists of BC learning requirements for Indigenous cultural safety, cultural humility and Indigenous-specific anti-racism.

Visit Alhgoh Together as One, Together as Community: Pathway to Indigenous Cultural Safety to learn more and to enrol.

Pharmacists in rural areas may also want to attend Nawh Whu'nus'en - We See in Two Worlds: Trauma sensitive practices for collectively healing in relationship Level 1, a workshop from the Indigenous Patient-

Led (IPL) CPD program on September 9, 2026. Registration is prioritized for physicians and other regulated health professions practising and serving rural B.C.

Resources

- Alhgoh Together as One, Together as Community: Pathway to Indigenous Cultural Safety
- Lheidli T'enneh
- Indigenous Cultural Safety, Cultural Humility and Anti-Racism Education for Pharmacy Professionals: College of Pharmacists of BC
- Nawh Whu'nus'en - We See in Two Worlds: Trauma sensitive practices for collectively healing in relationship Level 1

Menopausal hormone therapy patch adhesion

PharmaCare has received reports that menopausal hormone therapy (MHT) patches fully covered by Plan NP are not sticking adequately.

If a client mentions that their MHT patches are coming loose, pharmacists can:

- Confirm the client is following best practices when applying the patch
- Encourage them to try reapplying a loose patch to a new site
- Let them know it is safe to apply a new patch (to a new site) and reschedule the change date accordingly
- Tell them that PharmaCare is exploring the issue
- Document any replacement claims due to loose patches with **MR-Replacement, item lost or broken** in PharmaNet for the next fill

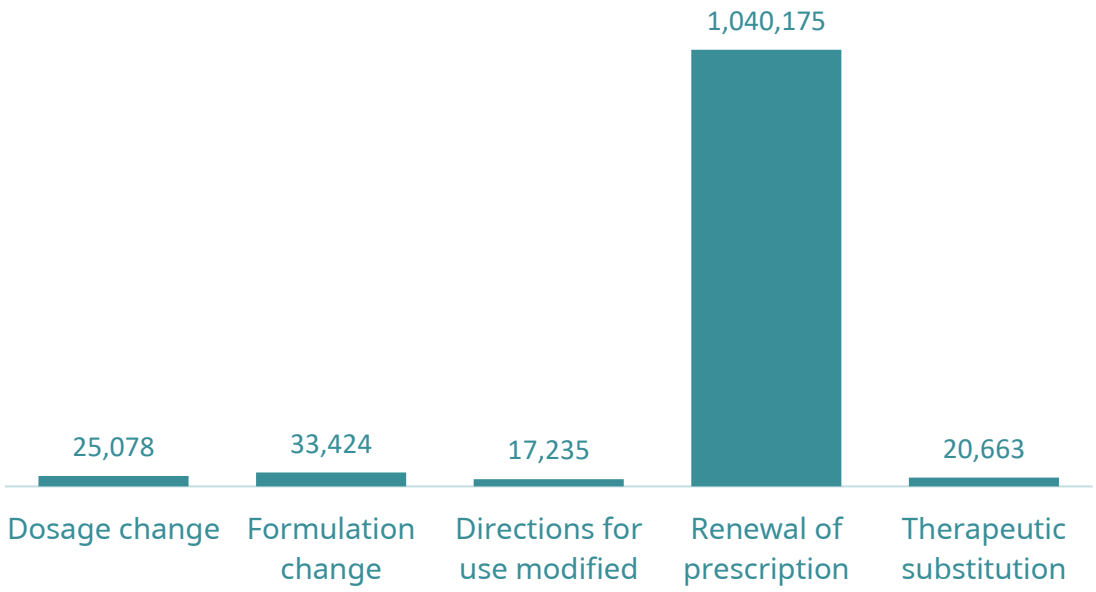
You can also encourage clients to share their experience with the product by completing the Health Canada Health Product Complaint Form (FRM-0317).

Pharmacy services claims 2025/26

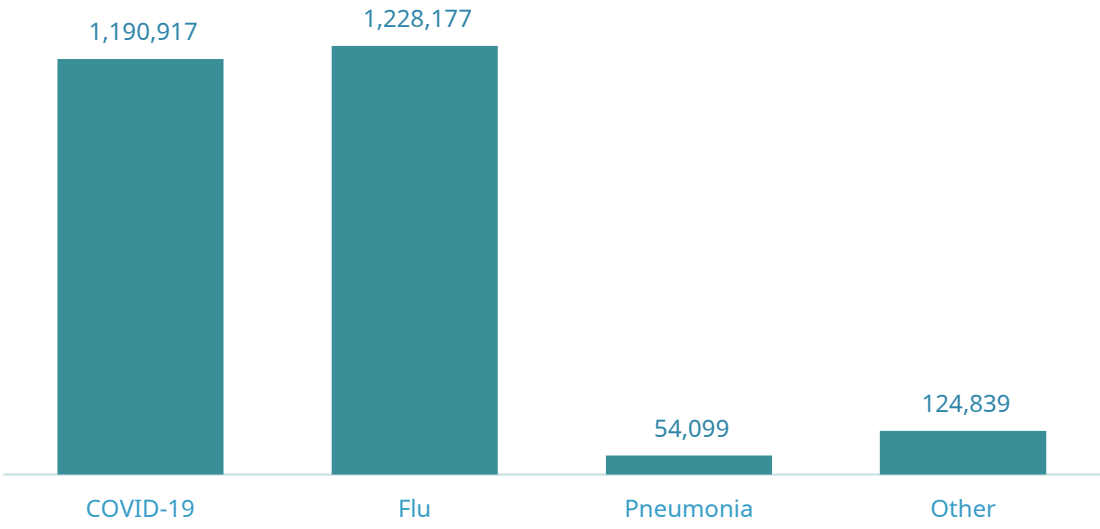
PharmaCare pays pharmacies enrolled as PharmaCare providers set fees for providing pharmacy services associated with prescription adaptation, medication reviews and vaccine administration for residents of B.C.

Below are the numbers for prescription adaptation and renewal services, and immunization administrations claimed by B.C. pharmacies in the fiscal year 2025/26.

Number of prescription adaptation and renewal services in 2025/26



Number of immunization administrations in 2025/26 (for publicly funded vaccines)



Visit Publicly funded vaccines for a full list of vaccines eligible for the PharmaCare immunization administration fee (i.e., vaccines that fall into the "other" category in the chart above).

For more pharmacy service numbers, visit our pharmacist scope of practice data web pages:

- Adaptation and drug administration – data
- Pharmacists prescribing for minor ailments and contraception – data

Resources

- Publicly funded vaccines
- Pharmacy services in B.C.
- PharmaCare Policy Manual, Section 8.4: Clinical Services Fees
- PharmaCare Policy Manual, Section 8.10: Pharmacy Administration of Drugs and Vaccines
- Adaptation and drug administration – data
- Pharmacists prescribing for minor ailments and contraception – data

PharmaCare Plan Spotlight: Plan X

Resources

- PharmaCare Policy Manual, Section 7.11: British Columbia Centre for Excellence in HIV/AIDS (Plan X)
- British Columbia Centre for Excellence
- PharmaCare Trends 2024/2025 (PDF, 638KB)

Formulary and listing updates

Special Authority requests can be submitted online through SA eForms. It's simple and quick!
Learn more or log in

Limited coverage benefits

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

- evolocumab (Repatha®)
- ezetimibe (Ezetrol®, generics)

Drug name	evolocumab (Repatha®)		
Date effective	August 12, 2026		
Indication	For additional lowering of low-density lipoprotein cholesterol (LDL-C) in patients who have been hospitalized for an acute coronary syndrome (ACS) event within the past 52 weeks.		
DIN	02446057	**Strength & form**	140 mg/mL pre-filled syringe or autoinjector for subcutaneous injection
Plan coverage	Fair PharmaCare, Plan B, Plan C, and Plan W (Special Authority required for all)		
Notes	Effective August 12, 2026, PharmaCare has revised the approval duration for evolocumab in patients with heterozygous familial hypercholesterolemia (HeFH). Once Special Authority (SA) coverage is approved, coverage will now be granted indefinitely. This indefinite coverage duration will also apply to the new ACS indication. To support patients and reduce administrative burden for prescribers, PharmaCare has updated coverage for patients who had active SA for evolocumab for HeFH in place before August 12, 2026. This coverage is now indefinite, and prescribers do not need to submit an SA request for renewal for these patients.		

Drug name	ezetimibe (Ezetrol®, generics)
Date effective	August 12, 2026
Indication	For the treatment of hypercholesterolemia in patients with established cardiovascular disease.
Strength & form	10 mg tablet
Plan coverage	Special Authority required: Fair PharmaCare, Plan B and Plan C Regular benefit: Plan W
Notes	Effective August 12, 2026, PharmaCare has revised the limited coverage criteria for ezetimibe by lowering the LDL-C threshold required for secondary prevention.

Regular benefits

PharmaCare has added the following item to its formulary as a regular benefit.

- isotretinoin (Epuris™)

Drug name	isotretinoin (Epuris™)		
Date	August 17, 2026		
Indication	For the treatment of severe nodular and/or inflammatory acne, acne conglobata and recalcitrant acne.		
DINs	02396971 02396998 02397005 02397013	**Strength & form**	10 mg capsule 20 mg capsule 30 mg capsule 40 mg capsule
Plan coverage	Fair PharmaCare, Plan B, Plan C, Plan F and Plan W		

EDRD coverage

PharmaCare has initiated coverage of cipaglucosidase alfa and miglustat (Pombiliti® with Opfolda®) and olezarsen (Tryngolza), and expanded coverage of maralixibat (Livmarli®) through the Expensive Drugs for Rare Diseases (EDRD) process.

- cipaglucosidase alfa and miglustat (Pombiliti® with Opfolda®)
- maralixibat (Livmarli®) for ALGS
- maralixibat (Livmarli®) for PFIC
- olezarsen (Tryngolza™)

Drug name	cipaglucosidase alfa and miglustat (Pombiliti® with Opfolda®)		
Date	August 19, 2026		
Indication	Late-onset Pompe disease (acid α-glucosidase [GAA] deficiency) for adult patients weighing ≥ 40 kg.		
DINs	Pombiliti: 02556898 Opfolda: 02556812	**Strength & form**	Pombiliti: 105 mg/vial for intravenous infusion Opfolda: 65 mg capsule for oral use
Notes	Initial applications for funding will be approved for up to 12 months. The prescribing physician is responsible for requesting continued Ministry funding every 24 months thereafter.		

Drug name	maralixibat (Livmarli®)		
Date	August 11, 2026		
Indication	Cholestatic pruritus in patients aged 12 months or older with progressive familial intrahepatic cholestasis (PFIC).		
DINs	02565277 02565234 02565242 02565250 02565269	**Strength & form**	19 mg/mL solution for oral use 10 mg oral tablet 15 mg oral tablet 20 mg oral tablet 30 mg oral tablet
Notes	Initial applications will be approved for up to 6 months. The prescribing physician is responsible for requesting continued Ministry funding every 12 months thereafter. Maralixibat is distributed by A&D Wholesale. For ordering, please contact orders@andrx.ca.		

Drug name	maralixibat (Livmarli®) line extension		
Date	August 11, 2026		
Indication	Cholestatic pruritus in patients aged 12 months or older with Alagille syndrome (ALGS).		
DINs	02565234 02565242 02565250 02565269	**Strength & form**	10 mg oral tablet 15 mg oral tablet 20 mg oral tablet 30 mg oral tablet
Notes	Coverage is now extended to tablets for ALGS. For patients with existing EDRD approval for Livmarli, clinicians do not need to submit a new application. To switch patients to the new formulation, clinicians should write an updated prescription, following all relevant regulations. Maralixibat is distributed by A&D Wholesale. For ordering, please contact orders@andrx.ca.		

Drug name	olezarsen (Tryngolza™)		
Date	August 25, 2026		
Indication	As an adjunct to diet for the treatment of adult patients with familial chylomicronemia syndrome (FCS) to reduce triglyceride levels.		
DIN	02563886	**Strength & form**	80 mg/0.8 mL single-dose auto-injector

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
risankizumab (Skyrizi®)	Moderate to severe plaque psoriasis in pediatric patients 6 years of age and older	August 26 to September 22 at 11:59 pm
depemokimab (Exdensur®)	Severe chronic rhinosinusitis with nasal polyps (CRSwNP) in adults	August 26 to September 22 at 11:59 pm
depemokimab (Exdensur®)	Severe eosinophilic asthma in patients 12 years and older	August 26 to September 22 at 11:59 pm
donidalorsen (Dawnzera™)	To prevent attacks of hereditary angioedema (HAE) in patients 12 years of age and older	August 26 to September 22 at 11:59 pm

Did you know?

In 2024/2025, approximately 236,000 patients received coverage under Plan Z (Assurance). The addition of contraceptives to Plan Z in April 2023 was a major factor in the substantial increase in the number of B.C. PharmaCare beneficiaries (26.7%) over the previous year.

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