

PharmaCare APPLICATION FOR EXCEPTIONAL PLAN Z COVERAGE OF OPIOID AGONIST TREATMENT (OAT)

HLTH 5829 2023/06/01

A pharmacist or prescribing practitioner completes this form to request exceptional Plan Z coverage for opioid agonist treatment (OAT), which is available to new B.C. residents who are not yet fully enrolled in MSP*.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error

Exceptional Plan Z coverage of OAT is for up to six months and cannot be renewed. Six months is provided to allow time for a patient to fully enrol in MSP.

This application should be faxed to HIBC at 250 405-3896.

If preferred, pharmacists and prescribing practitioners can call the HIBC Help Desk, and HIBC will complete this form:

- 604-682-7120 (Lower Mainland) or
- 1-800-554-0225 (rest of B.C.)

PATIENT INFORMATION

Patients should understand that once they are fully enrolled in MSP, OAT will be fully covered for as long as it is prescribed to them while they are living in B.C.

TAILENT IN ORMATION			
Name of Patient	Phone Number		Birthdate (YYYY / MM / DD)
Address	Postal Code	Personal	Health Number (PHN)
PHARMACIST OR PRESCRIBING PRACTITIONER			
Name of Pharmacist or Prescribing Practitioner	Practitioner College ID Number - I	Nandatory	Pharmacy ID Code (if applicable)
Phone Number	ax Number- <mark><i>Mandatory</i></mark>		
Select the most applicable option. As the prescriber or pharmacist, I certify that:			
a. The patient has applied for MSP and is waiting to be enrolled; or			
b. The patient understands that they must apply for MSP without delay.			
Both must be checked. I certify that:			
☐ I have advised the patient that exceptional Plan Z coverage is for at most six months, with no possibility of renewal; and,			
☐ I have advised the patient that they will not be eligible for regular Plan Z coverage unless they apply for MSP.			
Signature of Pharmacist or Prescribing Practitioner	Date Signed (YYYY /	MM / DD)	
		,	
Fax this form to HIBC at 250 405-3896.			

HIBC will send information to Special Authority. Special Authority will fax a notification when exceptional coverage is activated.

Personal information on this form is collected under the authority of section 22 of the *Pharmaceutical Services Act* for coverage under PharmaCare's Assurance Plan (Plan Z). The personal information will be used to support the patient to be a Plan Z beneficiary. If you have questions about the collection of personal information on this form, contact Health Insurance BC (HIBC). From the Lower Mainland, call 604 683-7151. Elsewhere in B.C., call 1 800 663-7100 (toll free). Personal information will be released to PharmaCare for the provision of drug benefits. This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.

^{*} Enrolling in MSP has two steps: completing the Application for Health and Drug Coverage, and verifying ID at a driver licensing office. These are followed by a wait period of two months plus the balance of the third month. Patients may want to visit <u>gov.bc.ca/ahdc</u> or call 1-800-663-7100 for information.