



This form (or a similar form that captures the same information) must be completed each time a pharmacist assesses and recommends a Schedule 2 or Schedule 3 product, or an unscheduled product that is covered by Plan W, to a Plan W beneficiary, as per the *Pharmaceutical Services Act* section 16(2).

This form is not needed if the recommendation is documented on the Minor Ailments and Contraception Services (MACS) form; however, the claim must be entered in PharmaNet for the medication to be covered under Plan W.

This form is not needed for insulins. Insulins can be dispensed and the claim entered in PharmaNet without a prescription or this form. Retain this form in accordance with record-keeping requirements.

PATIENT AND DRUG INFORMATION

Name of Client	Birthdate (DD / MM / YYYY)	Personal Health Number (BC Services Card)
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Plan W OTC Recommendation

Pharmacy drug labels may be used when the recommending pharmacist is also dispensing the product. Include the following information:

- Product name
- Product strength
- Quantity authorized
- Directions for use
- Number of refills

PHARMACIST RESPONSIBILITIES

Recommending pharmacist should ensure that recommendation(s) is/are based on appropriate assessment of the client. In cases where the client has received eligible Schedule 2, 3 or unscheduled product(s) through PharmaCare Plan W, the dispensing pharmacist should provide full consultation on each of the products listed above. Dispensing records may be subject to audit by BC Ministry of Health or First Nations Health Authority.

Signature of Recommending Pharmacist	Print Name of Recommending Pharmacist	
	Date Signed (DD / MM / YYYY)	Recommending Pharmacist Licence Number