



Plan G coverage is for no more than 1 year, at the end of which the practitioner may re-apply for continued coverage.

In urgent after-hours circumstances, practitioners in EDs, RAACs, UPCCs, HA substance use withdrawal facilities, and correction centres may skip section C and submit the form directly to HIBC for 3-month bridge coverage.

For a patient not enrolled in MSP, fill out section E as well as the other sections. For details, visit www.gov.bc.ca/planG.

Did you receive this fax in error? Please write "misdirected" on the front and fax back to sender.

A. TO BE SIGNED BY THE PATIENT (PATIENT REPRESENTATIVES, SEE REVERSE)

Form section A containing fields for Name, Phone Number, Address, Postal Code, Personal Health Number (PHN), Birthdate, Patient Signature, and Date Signed. Includes a declaration statement about medication costs.

B. TO BE SIGNED BY THE PRESCRIBING PRACTITIONER

Form section B containing a declaration of applicability options (a, b, c), and fields for Signature of Prescribing Practitioner, Profession (Nurse Practitioner, RPN, RN, Physician), Name of Prescribing Practitioner, Practitioner College ID Number, Date Signed, Phone Number, and Fax Number.

Practitioner: Fax this form to your local MHSUC, CYMH centre, or the mental health contact at your local health authority to complete part C. If you are applying for bridge coverage after hours, complete section D and send directly to HIBC.

C. FOR MENTAL HEALTH AND SUBSTANCE USE CENTRE, CYMH CENTRE OR HEALTH AUTHORITY USE ONLY - APPROVAL

Form section C containing fields for Centre Name, Signature of Director or Designate, Date Signed, Centre Street Address, Name of Director or Designate, Phone Number, Fax Number, City, Postal Code, and Authorization Expiration (1 year or Less than 1 year).

MHSUC, CYMH centre, or HA reps: Fax form to HIBC at 250 405-3896.



D. BRIDGE COVERAGE – TO BE COMPLETED BY ED, RAAC, UPCC, CC OR HA PRESCRIBER/DESIGNATE

Urgent after-hours circumstances: If you work in an emergency department (ED), a Rapid Access Addiction Clinic (RAAC), UPCC, HA substance use withdrawal facility, or a provincial/federal corrections centre, fill out sections A and B, and this section (D), and fax form directly to HIBC at 250 405-3896. Note: You can apply for exceptional coverage (Section E) at the same time as bridge coverage.

Facility Name, Phone Number, Fax Number, Facility Address, City, Postal Code, Expiry Date, Name of Prescriber/Designate, Signature, Date Signed

E. EXCEPTIONAL COVERAGE – TO BE SIGNED BY THE PRESCRIBING PRACTITIONER

Exceptional Plan G coverage is available for new residents of B.C. who do not yet have MSP coverage. The practitioner must complete the declaration below. Exceptional Plan G coverage is for six months only; it cannot be renewed. During this time, the patient must enrol in MSP before a health practitioner can apply for regular Plan G coverage. Note: You can apply for bridge coverage at the same time as exceptional coverage.

I certify that (select the most applicable option):

- 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. As the prescribing practitioner, I certify that:

- I have advised the patient that exceptional Plan G 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 G coverage unless they complete their enrolment for MSP coverage

Signature of Prescribing Practitioner, Date Signed (YYYY / MM / DD)

AUTHORIZATION FOR EXCEPTIONAL PLAN G COVERAGE - PHARMACARE USE ONLY

Effective Date (YYYY / MM / DD), Expiry Date (YYYY / MM / DD)

Instructions for the practitioner if patient is unable or unwilling to sign the form.

If the patient is unable to sign:

- 1. Have the patient verbally declare they meet Plan G eligibility requirements but are unable to sign the Plan G application.
2. Write "verbal declaration" in the Patient Signature box in part A.
3. Sign your name as a witness in the Patient Signature box beside the words "verbal declaration."

OR

If the patient is unwilling to sign:

- 1. Have a person who is legally empowered\* to sign the application on behalf of the patient sign their name in the Patient Signature box in part A.
2. Indicate in writing the legal authority that empowers them to make the declaration on the patient's behalf.

\* must be one of the following: a committee appointed under the Patients Property Act; a person acting under a power of attorney, a litigation guardian, or a representative acting under a representation agreement.

Personal information on this form is collected under the authority of s.22 of the Pharmaceutical Services Act for the operation of PharmaCare's Psychiatric Medications Plan (Plan G). The personal information will be collected for the purpose of determining eligibility for enrolment in Plan G. Personal information will be released to PharmaCare and to a mental health and substance use centre or child and youth centre for the provision of drug benefits. If you have questions about the collection of personal information on this form, contact the Health Insurance BC (HIBC) Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free). This information will be collected, used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act and the Pharmaceutical Services Act.