



Plan Z coverage for contraceptives may be extended to B.C. residents who have completed the enrolment process for the B.C. Medical Services Plan (MSP) but are in the coverage wait period. Exceptional Plan Z coverage for contraceptives is for a maximum of three months. For more information on Plan Z or to access this form online, visit https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/plans/plan-z.

NOTE: Forms submitted by unauthorized persons or with incomplete fields will be returned.

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.

For pharmacists: Ask the patient if they have completed MSP enrolment (both steps, see below). Special Authority (SA) will confirm. If yes, SA will activate 3 months of coverage in PharmaNet and inform the pharmacy by fax. If the patient has not completed MSP enrolment, SA will return the form by fax, with the reason for ineligibility.

For patients: To be eligible for Plan Z coverage, you need to have completed MSP enrolment (both steps, see below).

A. TO BE SIGNED BY PATIENT
Name of Patient, Phone Number, Birthdate (YYYY / MM / DD), Address, Postal Code, Personal Health Number (PHN), Signature of Patient, Date Signed (YYYY / MM / DD), I acknowledge that to receive coverage under Plan Z, I must have completed the MSP enrolment process.

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.

B. TO BE SIGNED BY PHARMACIST
I certify that the patient has a valid Rx for a contraceptive covered under Plan Z or is being provided with emergency contraceptives (which do not need an Rx).
Name of Pharmacist, Practitioner College ID Number - Mandatory, Pharmacy ID Code, Pharmacy Phone Number, Pharmacy Fax Number - Mandatory, Signature of Pharmacist, Date Signed (YYYY / MM / DD)

Fax this form to Special Authority: 1 855 812-1071. Do NOT fax to HIBC.

C. FOR PHARMACARE USE ONLY
Status, Effective Date (YYYY / MM / DD), Termination Date (YYYY / MM / DD), Rationale

How to complete enrolment in MSP:

Step 1: Submit application. See www.gov.bc.ca/ahdc

Step 2: Present identification at an ICBC driver licensing office (not required for minors).

If you have questions, contact HIBC: Lower Mainland: 604 683-7151, Elsewhere in B.C. toll-free: 1 800 663-7100 PO Box 9035 St Prov Govt, Victoria, BC V8W 9E3