

## 7 Understanding PharmaCare Plans

7.3	Permanent Residents of Licensed Residential Care Facilities (Plan B) .....	4
	<i>Eligibility</i> .....	4
	<i>Coverage start date</i> .....	4
	<i>Contracted Pharmacies</i> .....	4
	<i>What is Covered</i> .....	5
	<i>What is Not Covered</i> .....	5
	<i>Palliative Care Medications for Individuals covered by Plan B</i> .....	5
	<i>Frequency of Dispensing</i> .....	5
	<i>Clinical Services</i> .....	5
	<i>Pharmacist-Administered Publicly Funded Vaccinations</i> .....	5
	<i>Medication Reviews</i> .....	5
	<i>Professional Intervention Fees</i> .....	5
	<i>Procedural requirements for pharmacies and residential care facilities</i> .....	6
	<i>Setting up service for a new facility</i> .....	6
	<i>Terminating an agreement between a pharmacy and a facility</i> .....	6
	<i>Requests for another pharmacy to provide service</i> .....	7
	<i>Changes in facility information</i> .....	7
7.4	Recipients of Income Assistance (Plan C) .....	8
	<i>Eligibility</i> .....	8
	<i>What is covered?</i> .....	9
	<i>Coverage start date</i> .....	9
	<i>Emergency Assistance</i> .....	9
	<i>For Pharmacists</i> .....	9
	<i>Processing New Plan C Patients</i> .....	9
	<i>Plan C Assistance Not in Place</i> .....	10
7.5	Cystic Fibrosis (Plan D) .....	11
	<i>Patient eligibility</i> .....	11
	<i>Coverage start date</i> .....	11
	<i>Product coverage</i> .....	11

	<i>Requirements for product coverage</i> .....	12
	<i>Product reimbursement</i> .....	12
	<i>For pharmacies</i> .....	12
	<i>Dispensing Cystic Fibrosis Items</i> .....	12
7.6	<i>Children in the At Home Program (Plan F)</i> .....	14
	<i>Eligibility</i> .....	14
	<i>Coverage start date</i> .....	14
	<i>What is covered</i> .....	14
7.7	<i>Psychiatric Medications (Plan G)</i> .....	16
	<i>Eligibility</i> .....	16
	<i>Clinical Eligibility</i> .....	17
	<i>Financial Eligibility</i> .....	17
	<i>Individuals unwilling or unable to sign an application for Plan G coverage</i> .....	17
	<i>Coverage start/end date</i> .....	17
	<i>What is covered</i> .....	18
	<i>For Pharmacists</i> .....	18
	<i>To Process a New Plan G Patient</i> .....	18
	<i>Plan G Assistance Not In Place</i> .....	18
7.8	<i>Palliative Care (Plan P)</i> .....	20
	<i>Eligibility</i> .....	20
	<i>Coverage start/end date</i> .....	21
	<i>What is covered</i> .....	21
	<i>Payment of Drug Costs</i> .....	21
	<i>When patients do not meet the BC Palliative Care Drug Plan eligibility criteria</i> .....	22
	<i>For Physicians</i> .....	22
	<i>Submitting a registration form</i> .....	22
	<i>Confirming enrolment in Plan P</i> .....	22
	<i>To request Plan P coverage of a drug not included in the Plan P formulary</i> :.....	23
	<i>General Information for Patients and Caregivers</i> .....	23
	<i>Information on medications included in the formulary</i> .....	23
	<i>For Physicians and Nurse Practitioners</i> .....	23
	<i>Prescriber Guide, registration form, Plan P formulary, and patient information sheet</i> .....	23

	<i>Medical Supplies and Equipment Component</i> .....	23
	<i>Other Palliative Care Information</i> .....	24
7.9	Medication Management (Plan M).....	25
	<i>Eligibility</i> .....	25
	<i>Coverage start date</i> .....	25
	<i>What is covered</i> .....	25
7.10	Smoking Cessation Program (Plan S) .....	26
	<i>Eligibility</i> .....	26
	<i>Coverage start date</i> .....	26
	<i>What is covered</i> .....	26
	<i>For pharmacists</i> .....	26
7.11	British Columbia Centre for Excellence in HIV/AIDs (Plan X).....	27
	<i>Eligibility</i> .....	27
	<i>Coverage start date</i> .....	27
	<i>What is covered</i> .....	27
7.12	First Nations Health Benefits (Plan W) .....	28
	<i>Eligibility</i> .....	28
	<i>What is covered?</i> .....	28
	<i>Coverage start date</i> .....	28
	<i>Over-the-counter (OTC) medications</i> .....	29
	<i>Covered under Plan W</i> .....	29
	<i>Covered by Non-Insured Health Benefits (NIHB)</i> .....	29
	<i>Medical Devices</i> .....	29
	<i>Covered under Plan W</i> .....	29
	<i>Devices covered by Non-Insured Health Benefits (NIHB)</i> .....	29
	<i>Medical Supplies and Equipment</i> .....	29
	<i>Out-of-province benefits</i> .....	29
	<i>For Pharmacists</i> .....	30
	<i>Plan W Coverage Not in Place</i> .....	30
	<i>If the Patient has a Prescription for an OTC</i> .....	30
	<i>If Pharmacist Initiates Treatment with an OTC eligible for Plan W coverage</i> .....	30

## 7.3 *Permanent Residents of Licensed Residential Care Facilities (Plan B)*

### *General Policy Description*

[Clarified October 29, 2015] PharmaCare covers the full cost of eligible prescription drugs and designated medical supplies for permanent residents of licensed residential care facilities as long as the facility has asked PharmaCare to add it to the list of Plan B facilities.

If it has been added as a Plan B facility, individuals who become permanent residents of the facility will be automatically covered under PharmaCare Plan B.

### *Policy Details*

#### *Eligibility*

- Individuals living permanently in a licensed residential care facility that has been included on the PharmaCare list of Plan B facilities are eligible for coverage under Plan B.
- Coverage is provided for individuals, rather than families.
- Plan B does not apply to individuals who:
  - are staying in extended-care, acute-care, multi-level, assisted-living facilities, or
  - are receiving short-term residential care services including:
    - respite care;
    - convalescent care;
    - residential hospice palliative care;
    - short-term care for other purposes determined appropriate by a Health Authority to meet the unique needs of the client.
- Short-term residents receive PharmaCare coverage under their primary PharmaCare plan (i.e., [Fair PharmaCare](#), [Plan C](#), [Plan F](#) or [Plan W](#)).

#### *Coverage start date*

- Individuals do not need to apply for Plan B coverage.
- Facilities on the list of Plan B facilities and contracted pharmacies identify an individual's eligibility and submit the information to PharmaCare. Plan B coverage begins the day eligibility is entered in PharmaNet.
- Plan B coverage cannot be provided retroactively.

#### *Contracted Pharmacies*

- Each residential care facility on the list of Plan B facilities is served by a contracted pharmacy.
- Every month, PharmaCare pays the contracted pharmacy:
  - a fixed fee for providing services to each occupied Plan B bed in the facility, and
  - the full cost of eligible prescription drugs and eligible medical supplies/devices.

### ***What is Covered***

- The full cost of eligible prescription drugs and medical supplies/devices up to the maximum PharmaCare recognizes
- Eligible medical supplies/devices covered under Plan B are:
  - prosthetics
  - ostomy supplies

### ***What is Not Covered***

- Routine medical supplies are not covered under Plan B since they are to be provided to clients at no charge by the residential care facility. This includes items such as needles and syringes, blood glucose monitoring strips, and insulin pump supplies.  
  
>> See the [Home and Community Care policy manual](#) for full details of medical supplies provided by residential care facilities.
- Using another PharmaCare plan to submit PharmaCare claims for these items for individuals covered under Plan B is inappropriate. Such claims are subject to audit and recovery.

### ***Palliative Care Medications for Individuals covered by Plan B***

- Individuals covered under Plan B are not eligible for the Palliative Care Plan (Plan P).
- Claims submitted under Plan P for an individual covered under Plan B are subject to recovery.

### ***Frequency of Dispensing***

- The Frequency of Dispensing policy does not apply to claims submitted under PharmaCare Plan B.

### ***Clinical Services***

- Individuals covered under Plan B are eligible for coverage of clinical services fees.

### ***Pharmacist-Administered Publicly Funded Vaccinations***

- Individuals covered under Plan B are eligible for coverage of pharmacist-administered publicly funded vaccinations.

### ***Medication Reviews***

- Individuals covered under Plan B are not eligible for Medication Review Services.

### ***Professional Intervention Fees***

- Professional Intervention Fees (Special Services Fees) are not eligible under Plan B.

## **Procedures**

*[Updated July 4, 2013, to refer to pharmacy enrollment in the Plan B sub-class.]*

### ***Procedural requirements for pharmacies and residential care facilities***

Many pharmacies provide services to individuals living in residential care facilities who are covered under PharmaCare Plan B. Continuity of service is critical for these patients.

#### ***Setting up service for a new facility***

If a pharmacy is going to provide services to a residential care facility that will open in the near future, the **facility** must first contact the Information Support unit at Health Insurance BC (HIBC) to request that they be added as a Plan B facility with BC PharmaCare.

The **facility** must submit the following information to Information Support, allowing **thirty days' notice**:

- A completed **Request for PharmaCare Plan B Services to a Long-Term Care Facility** form (Information Support will fax the form to the new facility when the initial request is made.)
- A copy of the facility licence
- When Information Support receives these documents from the facility, they will ensure the pharmacy is enrolled in the Plan B sub-class. If the pharmacy is not enrolled in the Plan B sub-class, the pharmacy must submit a request for the sub-class using the Provider Information Change form (HLTH 5433) available at [www.gov.bc.ca/pharmacarepharmacies](http://www.gov.bc.ca/pharmacarepharmacies).

The **pharmacy manager** must:

- Return the signed LTC Agreement to Information Support.
- When Information Support receives the signed LTC Agreement, they will link the pharmacy and the facility on PharmaNet so preparations for service can begin (e.g., setting up patient profiles and preparing dosage packages) before the opening date of the facility. To ensure timely processing, we request that the signed agreements be returned as soon as possible, preferably before the 15th of the month preceding the date of opening.

#### ***Terminating an agreement between a pharmacy and a facility***

- The LTC Agreement may be terminated at any time by either the facility or the pharmacy by giving **notice** to the other party by registered letter. As noted in Section 5 of the LTC Agreement, notice must also be given to Information Support. The termination date must be the last day of a month (end of day) and notice must be given no later than the **last day of the month** preceding the month in which service will cease. (Please note that PharmaCare cannot make capitation payments for partial months.)

### ***Requests for another pharmacy to provide service***

If an existing facility intends to enter into a contract with a different pharmacy, the **new pharmacy** must:

- Submit a **Request for PharmaCare Plan B Services to a Long-Term Care Facility** form to Information Support (or provide equivalent information to Information Support by fax or e-mail), **with 30 days' notice**, along with a copy of the facility license.
- Information Support will ensure the pharmacy is enrolled in the Plan B sub-class.

The **pharmacy manager** must:

- Return the signed LTC Agreement to Information Support.
- When Information Support receives the signed LTC Agreement, they will link the pharmacy and the facility on PharmaNet so preparations for service can begin. To ensure timely processing, return the signed agreements as soon as possible, preferably before the 15th of the month preceding the month service begins.

### ***Changes in facility information***

Certain changes in facility information require that the local Health Authority issue an amended license to the facility. It is **the facility's** responsibility to inform the pharmacy providing services.

**The pharmacy** must notify Information Support (using the **Request for PharmaCare Plan B Services to a Long-Term Care Facility** form) if a facility experiences any of the following changes:

- Change in number of eligible Plan B beds (The pharmacy must also provide a copy of the new license indicating the change in the number of beds.)
- Change in facility name (The pharmacy must also provide a copy of the new license indicating the new name.)
- Change in license number (The pharmacy must also provide a copy of the new license indicating the new license number.)
- Change in facility type—e.g., from complex care to multi-level care (The pharmacy must also provide a copy of the new license indicating the change in facility type.)
- Note: A change in ownership does not require an amended license.
- The pharmacy providing services would need to sign a new LTC Agreement only in the event of changes specific to the pharmacy (e.g., new manager, owner, or operating name).

>> Please contact [Information Support](#) at HIBC whenever these changes occur.

## 7.4 Recipients of Income Assistance (Plan C)

[Updated May 28, 2015 to reflect changes in income assistance processes.]

### General Policy Description

Plan C provides drug and limited medical supply/device coverage for those receiving income assistance through the B.C. Ministry of Social Development and Social Innovation, and for children and youth in the care of the Ministry of Children and Family Development (including children and youth who are in care by agreement).

### Policy Details

#### Eligibility

- To be eligible for coverage, individuals must have active Medical Services Plan (MSP) coverage.<sup>1</sup>
- Recipients of assistance (Income Assistance, Disability Assistance, Hardship Assistance and Health Supplements) registered for Plan C by the [Ministry of Social Development and Poverty Reduction](#) receive 100% coverage of eligible prescription costs.
- Children and youth in care, youth in Youth Agreements, and children and youth in Extended Family Program Agreements registered for Plan C by the Ministry of Children and Family Development receive 100% coverage of eligible prescription costs.
- The Ministry of Social Development and [Poverty Reduction](#) can confirm two types of PharmaCare benefits: ongoing Plan C (for recipients of Income Assistance, Disability Assistance, Hardship Assistance and Health Supplements) coverage and emergency Plan C assistance (maximum 48 hours).
- The Ministry of Children and Family Development can confirm:
  - Plan C coverage for children and youth in care and youth in Youth Agreements up to when the child or youth turns 19 years of age
  - Plan C coverage for children and youth in Extended Family Program Agreements for a maximum of 30 months (children and youth supported through Extended Family Program Agreements are not extended past their 19<sup>th</sup> birthday)
  - emergency Plan C assistance (maximum 48 hours)
- PharmaCare cannot confirm Plan C coverage.
- Plan C coverage is not extended to patients in acute or extended care hospitals or to those already covered under PharmaCare Plan B (Permanent Residents of Licensed Residential Care Facilities).

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<sup>1</sup> On a case-by-case basis, the Ministry of Social Development and Social Innovation may confirm Plan C coverage for those without active MSP coverage.



### ***What is covered?***

- Under Plan C, PharmaCare pays 100% of eligible drug and dispensing fee costs up to the maximum cost and dispensing fee recognized by PharmaCare.

### ***Coverage start date***

- The Ministry of Social Development and **Poverty Reduction** or the Ministry of Children and Family Development confirms eligibility and transmits Plan C coverage information in real-time to PharmaNet. Coverage is in effect from the time it is received by PharmaNet.
- Plan C coverage cannot be provided retroactively.

### ***Emergency Assistance***

- When the Ministry of Social Development and **Poverty Reduction** or the Ministry of Children and Family Development grant emergency assistance, the person may qualify for temporary PharmaCare assistance for up to a maximum of 48 hours. The coverage is the same as that available under Plan C ongoing coverage.
- Eligibility information is provided by the Ministry of Social Development and **Poverty Reduction** and the Ministry of Children and Family Development. It is in effect from the time it is entered in PharmaNet.
- Emergency coverage cannot be provided retroactively.

### ***Procedures***

#### ***For Pharmacists***

##### *Processing New Plan C Patients*

- Eligibility is entered into the Ministry of Social Development and **Poverty Reduction** and Ministry of Children and Family Development database. The Ministry of Social Development and **Poverty Reduction** gives a form to the client.

##### **To process a new Plan C patient**

- 1** View the patient's Ministry of Social Development and **Poverty Reduction** form or the child or youth's Care Card to confirm the PHN.
- 2** Check the patient's identification.  
*Refer to [Section 9.1, Positive Identification of Patients](#).*
- 3** Process the prescription using the PHN on the presented form or Care Card.
- 4** Return the form or Care Card to the patient.

### *Plan C Assistance Not in Place*

*Occasionally, the system interface with the Ministry of Social Development and **Poverty Reduction** fails to transmit patient information to PharmaNet and the PharmaNet transaction will not provide the expected adjudication results.*

- 1** Call the PharmaNet Help Desk.

*The Help Desk will contact the Ministry of Social Development and **Poverty Reduction** to have them confirm active coverage. If coverage is confirmed, the Help Desk enters short-term assistance in PharmaNet to allow for prescription processing under Plan C.*

- 2** On receiving confirmation that short term assistance is in place, process the prescription as usual.
- 3** Refer the patient to the local Ministry of Social Development and **Poverty Reduction** office to ensure ongoing coverage has successfully been registered in PharmaNet.

### ***Tools and Resources***

- For more information on benefits, contact the [local office of the Ministry of Social Development and Poverty Reduction](#) or the local office of the [Ministry of Children and Family Development](#).

## 7.5 Cystic Fibrosis (Plan D)

### General Policy Description

Individuals registered with a provincial cystic fibrosis clinic receive coverage of eligible digestive enzymes. These individuals are also eligible for coverage of certain vitamins, nutritional supplements and hypertonic saline solutions through their primary PharmaCare plan.

### Policy Details

#### Patient eligibility

- *[Added March 17, 2017]* To be eligible for Plan D, individuals must have active Medical Services Plan (MSP) coverage.
- Coverage under Plan D is for individuals, rather than families.
- PharmaCare does not confirm eligibility for Plan D.
- An individual must be registered with one of the province's four Cystic Fibrosis (CF) Clinics (listed in the [Tools and Resources](#) section below) who will confirm the individual's eligibility for Plan D and enrol them in the plan.
- Only a CF clinic can request additions, changes and deletions to PharmaCare coverage under Plan D.
- Plan D coverage is not available to patients in acute or extended care hospitals.

#### Coverage start date

- CF Clinics provide eligibility information to PharmaCare. Coverage is in effect from the time it is entered into PharmaNet.
- Plan D coverage cannot be provided retroactively.

#### Product coverage

- Individuals with cystic fibrosis who are registered with a provincial cystic fibrosis clinic receive the following coverage:

<b>Eligible costs of digestive enzymes</b>	<b>100% coverage</b> when the product is purchased at a community pharmacy and a claim is submitted on PharmaNet.
<b>Coverage of the eligible costs of vitamins and nutritional supplements</b>	<b>Coverage under the rules of the individual's primary PharmaCare plan</b> (i.e., <a href="#">Fair PharmaCare</a> , <a href="#">Plan C</a> or <a href="#">Plan F</a> ) when the product is purchased at a community pharmacy and a claim is submitted on PharmaNet.
<b>Coverage of the eligible costs of hypertonic saline solutions</b>	

>> See the [Cystic Fibrosis Formulary](#) for a list of products covered.

## Requirements for product coverage

- Items in the [Cystic Fibrosis Formulary](#) are eligible for coverage only if they are purchased at a pharmacy in the same manner as prescription drugs. This is important because the pharmacy must submit a claim on PharmaNet at the time of purchase to initiate PharmaCare reimbursement.

## Product reimbursement

- **Digestive enzymes** and **hypertonic saline solutions** are reimbursed up to the PharmaCare maximum price plus a dispensing fee (up to the PharmaCare maximum dispensing fee).

>> For information on the PharmaCare Maximum Pricing Policy, see [Section 5.6](#).

- **Vitamins and nutritional supplements** are reimbursed at actual acquisition cost plus a dispensing fee (up to the PharmaCare maximum dispensing fee).

>> For more information on the Actual Acquisition Cost Policy, see [Section 5.7](#).

## Procedures

### For pharmacies

#### Dispensing Cystic Fibrosis Items

1. Consult the [Cystic Fibrosis Formulary](#) to determine if the item is covered.
2. Submit the claim with the correct DIN/PIN.

*For liquid nutritional supplements, the dispensed quantity claimed should be the total metric quantity dispensed. For example, when submitting a claim for case of Ensure® (12 cans @ 235 ml per can) enter the total volume of the case (i.e., 2820 ml).*

*The claim will adjudicate under Plan D or the patient's primary PharmaCare plan as appropriate.*

## Tools and Resources

- For information on products not listed in the Cystic Fibrosis Formulary, contact the PharmaCare [Help Desk](#) at Health Insurance BC.
- For more information on eligibility for Plan D, contact the nearest Cystic Fibrosis Clinic.
  - **B.C. Children's Hospital**  
4480 Oak Street, Vancouver BC V6H 3V4  
Clinic: 604-875-2345  
[www.bcchildrens.ca/Services/SpecializedPediatrics/CysticFibrosis/default.htm](http://www.bcchildrens.ca/Services/SpecializedPediatrics/CysticFibrosis/default.htm)
  - **St. Paul's Hospital (Adult)**  
1081 Burrard Street, Vancouver BC V6Z 1Y6  
Clinic: 604-682-2344, ext. 62760
  - **Victoria General Hospital (Paediatric)**  
1 Hospital Way, Victoria BC V8Z 6R5  
Clinic: 250-727-4247

- **Royal Jubilee Hospital (Adult)**

Victoria Adult CF Clinic

1952 Bay Street, 8 North, Royal Jubilee Hospital, Victoria BC V8R 1J8

Clinic: 778-679-2521

## 7.6 Children in the At Home Program (Plan F)

### General Policy Description

The At Home Program of the Ministry of Children and Family Development provides community-based, family-style care for severely handicapped children who would otherwise become reliant on institutional care.

Children receiving benefits through that program qualify for full coverage of eligible prescription drugs and eligible medical supplies/equipment under PharmaCare Plan F.

### Policy Details

#### Eligibility

- *[Added March 17, 2017]* To be eligible for Plan F, individuals must have active Medical Services Plan (MSP) coverage.
- Coverage is provided for individuals, rather than families.
- Children receiving full benefits or medical benefits through the At Home Program qualify for full coverage of eligible prescription drugs and eligible medical supplies/equipment under Plan F.
- Coverage under Plan F does not extend to patients in acute or extended care hospitals.
- PharmaCare does not confirm Plan F eligibility. Eligibility is confirmed by the Ministry of Children and Family Development during registration for the At Home Program.
- Plan F coverage ends on the last day of the month that a child turns 18 years of age.

#### Coverage start date

- Ministry of Children and Families provides eligibility information to PharmaCare. Coverage is in effect from the time it is entered into PharmaNet.
- Plan F coverage cannot be provided retroactively.

#### What is covered

- *[Added March 17, 2017]* Under Plan F, PharmaCare pays 100% of eligible drug and dispensing fee costs up to the maximum cost and dispensing fee recognized by PharmaCare.
- Medical supplies and equipment eligible for coverage under Plan F include:
  - prosthetics and orthotics;
  - needles and syringes;
  - blood glucose test strips;
  - insulin pump supplies; and
  - ostomy supplies.
- To determine the medical benefits provided directly by the At Home Program, and not by PharmaCare, visit [www.gov.bc.ca/athomeprogram](http://www.gov.bc.ca/athomeprogram).

## *Tools and Resources*

- Visit the [Ministry of Children and Family Development](#) website for more information on the [At Home Program](#).

## 7.7 Psychiatric Medications (Plan G)

*[Updated August 17, 2016, to remove “No Charge” from the plan name, to reflect the new process for applying for Plan G coverage, to include the role of nurse practitioners, and to include information on the circumstances under which exceptional coverage may be granted.]*

### General Description

Plan G provides coverage of certain psychiatric medications to individuals for whom the cost of these medications is a serious barrier to treatment.

### Policy Details

#### Eligibility

- Plan G coverage is available to individuals of any age who meet the plan’s clinical and financial criteria, and who are residents of BC with active Medical Services Plan (MSP) coverage<sup>2</sup>.
- Coverage is provided for individuals, rather than families.
- *[Updated March 17, 2017]* Plan G provides 100% coverage of eligible drug and dispensing fee costs (up to the maximum cost and dispensing fee recognized by PharmaCare) for certain psychiatric medications to individuals for whom the cost of these medications is a serious barrier to treatment.
- The individual and their physician or nurse practitioner must complete an [Application for PharmaCare Plan G](#) (HLTH 3497) which must be provided to a Mental Health and Substance Use Centre (MHSUC) or a Child and Youth Mental Health Service Centre (CYMH) in person by the individual or faxed by the physician or nurse practitioner.
- Only local MHSUCs or CYMH Service Centres, in conjunction with physicians and nurse practitioners, confirm eligibility and register individuals for Plan G. PharmaCare cannot confirm eligibility for Plan G or register patients for Plan G.
- *[Update March 2017]* Plan G coverage is provided for a set period not exceeding one year. When this period expires, the practitioner may re-apply for continued coverage.
- Plan G assistance is not available to individuals on Plan B as Plan B already fully covers psychiatric medications.
- Coverage does not extend to individuals in acute-care or extended-care hospitals, to individuals with employer-sponsored drug coverage benefits, or to individuals whose drug costs are covered by federal insurers.

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<sup>2</sup> *[Update March 2017]* Plan G coverage may be extended to new residents who have not yet qualified for MSP. In this case, the practitioner must submit a written request with the application for Plan G coverage, detailing the patient’s compelling need for exceptional coverage. If approved, Plan G coverage will be provided for a period of three months, during which time the patient must apply for MSP.



- To be eligible for Plan G coverage, individuals must meet both the clinical and financial criteria detailed under “Clinical Eligibility” and “Financial Eligibility” below.

### ***Clinical Eligibility***

- The individual’s physician or nurse practitioner must certify that the individual meets the Plan G clinical criteria:
  - The patient has been hospitalized for treatment related to a psychiatric condition; OR
  - Without prescribed psychiatric medication, the patient is likely to be hospitalized for a psychiatric condition; OR
  - The person, or another person, is likely to suffer serious physical or psychological harm, or economic loss.

### ***Financial Eligibility***

- In addition to the clinical criteria, patients must make a declaration on the [Application for PharmaCare Plan G](#) (HLTH 3497) that:
  - The cost of prescribed psychiatric drug(s) is a barrier to treatment and that they have no other financial coverage for the drug(s); and
  - *[Updated March 17, 2017]* They receive MSP [Premium Assistance](#) or have an income that would qualify them to receive MSP Premium Assistance (\$42,000 or less in family adjusted net income plus \$3,000 per dependent). Refer to the [Regular Premium Assistance](#) web page to determine how to calculate adjusted net income.

### ***Individuals unwilling or unable to sign an application for Plan G coverage***

- If an individual is unable to sign Section A of the [Application for PharmaCare Plan G](#) (HLTH 3497) but is willing and able to make a verbal declaration, the requestor (physician, nurse practitioner, or staff member at an MSHUC or CYMH) may sign the form for the individual, with the indication that they witnessed a verbal declaration.
- If an individual is unwilling to sign Section A of the [Application for PharmaCare Plan G](#) (HLTH 3497), it can be signed only by a person legally empowered to act on the individual’s behalf. A legally empowered person may only be:
  - A committee appointed under the *Patients Property Act*
  - A person acting under power of attorney
  - A litigation guardian
  - A representative acting under a representation agreement
- On receipt of a properly filled and signed application form, PharmaCare provides up to one year of Plan G coverage.

>> For more information, see page 2 of the [Application for PharmaCare Plan G](#) (HLTH 3497).

### ***Coverage start/end date***

- MHSUCs and CYMHs provide eligibility information to PharmaCare. Coverage starts the day the information is entered in PharmaNet.

- Plan G coverage cannot be provided retroactively.
- Plan G coverage approval is for up to one year.
- MHSUCs and CYMHs are not permitted to automatically renew Plan G coverage:
  - The renewal of Plan G coverage requires the completion of the application process and eligibility assessment in the same manner as for the initial coverage. The clinical and financial eligibility criteria for renewal are identical to those for initial coverage.
  - If an individual's Plan G coverage is expiring, the MHSUC or CYMH must contact the individual to confirm their continuing need for Plan G coverage and, if appropriate, initiate the renewal of coverage in time to prevent a lapse in coverage. If the renewal process is not completed before the individual's Plan G coverage expires, coverage terminates without any additional notification.

### ***What is covered***

- Plan G covers the medications listed in the [Plan G Formulary](#).
- Drugs in the formulary identified as "Limited Coverage" require prior [Special Authority](#) approval from PharmaCare. For these medications, an individual's physician must submit a Special Authority Request to PharmaCare unless a prescriber/specialty/pharmacy exemption is in place.
- Items not covered under Plan G are automatically adjudicated under the individual's primary PharmaCare plan (i.e., [Fair PharmaCare](#), [Plan C](#) or [Plan F](#)).

### ***Procedures***

#### ***For Pharmacists***

##### ***To Process a New Plan G Patient***

1. Check the patient's identification.

*Patients registering for Plan G with a MHSUC or CYMH should have been instructed by staff to provide their PHN, as well as a second piece of identification that meets the College of Pharmacists of B.C. guidelines.*

*>> Refer to [Section 9.1](#), Positive Identification of Patients.*

2. If necessary, verify a patient's identity, including their PHN, with the local MHSUC or CYMH staff.
3. Process the prescription as usual.

##### ***Plan G Assistance Not In Place***

The PharmaNet transaction will not provide the expected adjudication results if the coverage has not been entered.

1. Call the PharmaNet Help Desk.

*For information on contacting the Help Desk, refer to Section 11.1, "PharmaNet Help Desk."*

2. The Help Desk will confirm if an Application for PharmaCare Plan G has been received but not yet entered in PharmaNet, received and returned as incomplete, or not received.

3. Refer the patient to their physician, nurse practitioner or local MHSUC or CYMH if the Help Desk has not yet received an application form.

### *Tools and Resources*

- For more information on Plan G, contact the local [MHSUC](#).
- Physicians and nurse practitioners' offices can download the [Application for PharmaCare Plan G](#) (HLTH 3497) or request pre-printed copies from local MHSUCs.

## 7.8 Palliative Care (Plan P)

[Updated October 29, 2015, to reflect addition of nurse practitioners, introduction of Coverage Confirmation Line and modification of the definition of “home” to include hospice units.]

### General Policy Description

BC Palliative Care Benefits support B.C. residents of any age who have reached the end stage of a life-threatening disease or illness and who wish to receive palliative care at home.

Eligible patients receive:

- coverage of drugs used in palliative care through PharmaCare **Plan P**, and
- medical supplies and equipment through their **local Health Authority**.

>> For detailed information on medical supply and equipment benefits, refer to the [Home and Community Care Policy Manual](#).

The purpose of Plan P is to provide patients receiving palliative care at home with access to the same drugs they would receive at no charge if they were in hospital.

### Policy Details

#### Eligibility

- Coverage is provided for individuals, rather than families.
- Coverage does not extend to patients in acute care.
- The benefits are available to B.C. residents with active Medical Services Plan (MSP) coverage<sup>3</sup> who:
  - are living at home (defined, for the purposes of this program, as wherever the patient is living, whether in their own home or with family or friends, or in a supportive or assisted living residence, or a hospice unit in a residential care facility (e.g., a community hospice bed that is not covered under PharmaCare Plan B),
  - have been diagnosed with a life-threatening illness or condition,
  - have a life expectancy of up to six months, and
  - consent to the focus of care being palliative rather than treatment aimed at cure.
- An individual’s physician or nurse practitioner confirms a patient’s medical eligibility for palliative care benefits.
- A patient’s physician or nurse practitioner must certify that the patient meets the criteria for BC Palliative Care Benefits by faxing an application to PharmaCare (for drug benefits under PharmaCare Plan P) and a copy of the application to the local health authority (for the Palliative Medical Supplies and Equipment Component of the program).

<sup>3</sup> In some instances, PharmaCare may consider extending coverage to Canadian citizens/permanent residents who are new B.C. residents and do not yet have Medical Services Plan coverage.

## Coverage start/end date

- Coverage under Plan P begins as soon as Health Insurance BC (which delivers operational services for PharmaCare) processes the application and enters the information in the PharmaNet system.
- BC Palliative Care Drug Benefits coverage continues for as long as the person is diagnosed as requiring palliative care.
- Plan P coverage cannot be provided retroactively.

## What is covered

- *[Updated March 17, 2017]* Plan P provides 100% coverage of the eligible costs of the prescription and over-the-counter (OTC) drugs listed in the [Plan P Formulary](#) and dispensing fee costs (up to the maximum drug cost and dispensing fee recognized by PharmaCare).
- Products not included in the Plan P formulary may be covered under the patient's primary PharmaCare plan (i.e., [Fair PharmaCare](#), [Plan C](#), [Plan F](#) or [Plan W](#)).
- Drugs are selected for inclusion in the Plan P formulary based on the following criteria:
  - the prescription or OTC drug is prescribed for pain and symptom control; and,
  - the prescription or OTC drug is prescribed to improve quality of life for palliative care patients; and,
  - provision of the drug to palliative care patients supports and enables them to remain at home.
- To receive coverage of an OTC drug in the Plan P Formulary, a prescriber must write a prescription for the drug and the pharmacy must enter the drug in the PharmaNet system, which enables PharmaCare to reimburse the eligible costs.

*Note: Needles and syringes for administration of injectable medications are provided by the Health Authorities as medical supplies and equipment benefits.*

- Products not covered under Plan P automatically adjudicate under the patient's primary PharmaCare plan (i.e., Fair PharmaCare or Plan C.)
- Patients should [register for the Fair PharmaCare plan](#) if they have not already done so. Fair PharmaCare covers PharmaCare benefits not included in the Plan P Formulary.
- Under specific circumstances, PharmaCare will consider a request for Special Authority coverage of a drug that is not included in the Plan P Formulary.

>>> See [Procedures](#), following, for more information.

## Payment of Drug Costs

- When a prescription drug or over-the-counter medication prescription for an individual registered for the BC Palliative Care Drug Plan is processed, the pharmacy enters a claim for the prescription on PharmaNet. PharmaCare will then pay the pharmacy directly for:
  - drug costs up to the PharmaCare maximum price, and
  - a dispensing fee (up to the maximum allowable dispensing fee).

### ***When patients do not meet the BC Palliative Care Drug Plan eligibility criteria***

- For patients who do not meet the criteria for Plan P, coverage options through other government insurers (such as Veterans Affairs Canada) and private insurers can also be considered.
- Please note that individuals covered by the Non-Insured Health Benefits (NIHB) Program of Health Canada or Veterans Affairs Canada (VAC) require coverage under Plan P only if a medication is not covered by NIHB or VAC.
- Members of the Canadian Forces receive coverage through their employers and are, therefore, not eligible for this drug plan.

## ***Procedures***

### ***For Physicians***

#### ***Submitting a registration form***

- Once a physician or nurse practitioner has certified that a patient meets the medical criteria, the physician or nurse practitioner completes a [BC Palliative Care Benefits Registration Form](#) (HLTH 349) and faxes it to both Health Insurance BC (for drug coverage) and the applicable Health Authority (for assessment for palliative medical supplies and equipment).
- The *Freedom of Information and Protection of Privacy Act* requires that the patient or the patient's legal representative consent to the release of personal information such as basic demographic data and diagnosis. For this reason, the patient or their legal representative must sign the registration form.
- To avoid delays in patient coverage, please complete all sections of the registration form. Incomplete information will require Health Insurance BC and/or the Health Authority to return the form to obtain the missing information.
- Physicians must fax the form to:
  - Health Insurance BC at 250-405-3587, and
  - Home and Community Care office of the local Health Authority, as listed in the blue pages of the telephone directory.

#### ***Confirming enrolment in Plan P***

- Coverage under Plan P begins as soon as Health Insurance BC processes the registration and enters the information in the PharmaNet system. Please allow up to 12 hours for processing.
- To confirm enrolment in Plan P, a pharmacist can contact the PharmaNet Helpdesk. Physicians and nurse practitioners can confirm coverage using the Palliative Care Coverage Confirmation Line as described in the Prescriber Guide available at [Palliative Care Benefits—Information for Prescribers](#).
- Once the registration is processed, prescriptions can be filled at any pharmacy in British Columbia.

### ***To request Plan P coverage of a drug not included in the Plan P formulary:***

- PharmaCare will consider a request for Special Authority Plan P coverage if a drug is needed to alleviate patient discomfort and:
    - the drug is not included in the Plan P formulary
    - the drug is not covered under another PharmaCare plan
    - there is no substitute for that drug in the formulary.
1. A physician or nurse practitioner must send a completed [General Special Authority Request Form](#) (HLTH 5328) by fax. The Special Authority Program fax number can be found on the request form. Fax is the quickest method.
  2. The prescriber should clearly mark “For Palliative Care Registrant” on the request form to ensure it receives priority attention.
  3. Adequate documentation must be included with the request. A decision on coverage may be delayed if PharmaCare needs to call the prescriber for additional information.

## ***Tools and Resources***

### ***General Information for Patients and Caregivers***

- PharmaCare Plan P [patient information sheet](#) (PDF)—provides details about the plan.
- Contact a physician, nurse practitioner, or the local health authority or the British Columbia Hospice Palliative Care Association.
- Health and Seniors’ Information Line 250-952-1742 or toll-free at 1-800-465-4911.

### ***Information on medications included in the formulary***

- Consult the [Plan P Formulary](#) or call Health Insurance BC.

### ***For Physicians and Nurse Practitioners***

#### ***Prescriber Guide, registration form, Plan P formulary, and patient information sheet***

- Visit [Palliative Care Benefits—Information for Prescribers](#).

#### ***Medical Supplies and Equipment Component***

- Information regarding medical supplies and equipment—Contact the Home and Community Care (HCC) office of your [local health authority](#). HCC offices of the local health authorities are listed in the blue pages of the telephone directory. Contact information may also be obtained through HealthLinkBC at 8-1-1.

### *Other Palliative Care Information*

- [BC Guidelines – Palliative Care](#)
- Palliative Care Consultation Line—Physicians throughout B.C. have access to a 24/7 toll-free phone line for palliative care consultation. The phone line is staffed by palliative care physicians who offer timely clinical advice on pain and symptom management. For this physician-to-physician palliative care consultation, call 1-877-711-5757.



## 7.9 Medication Management (Plan M)

### General Policy Description

Plan M covers individuals for eligible medication management services (e.g., clinical services, medication review services, and publicly funded vaccinations) provided by pharmacies.

### Policy Details

#### Eligibility

- Coverage is provided for individuals, rather than families.
- Coverage under Plan M does not extend to patients in acute or extended care hospitals.
- Patients covered under Plan B (Permanent Residents of Licensed Residential Care Facilities) are not covered for Medication Review Services.
- Eligibility for coverage under Plan M is established in [Section 8.4](#), Clinical Services Fees; [Section 8.9](#), Medication Review Services and [Section 8.10](#), Payment for Publicly Funded Vaccinations.

#### Coverage start date

- Individuals are eligible for Plan M coverage if they meet the eligibility requirements for coverage established in the Clinical Services policy, Medication Review Services policy or the Payment for Publicly Funded Vaccinations policy.
- Plan M coverage cannot be provided retroactively.

#### What is covered

- Plan M covers the cost of clinical services, medication review services and publicly funded vaccination services provided by pharmacies up to the limits PharmaCare has established for these services.

*>> For information on eligible benefits and limits, see [Section 8.4](#), Clinical Services Fees; [Section 8.9](#), Medication Review Services; and [Section 8.10](#), Payment for Publicly Funded Vaccinations.*

### Procedures

- For procedural information for pharmacists, refer to [Section 8.4](#), Clinical Services Fees; [Section 8.9](#), Medication Review Services; and [Section 8.10](#), Payment for Publicly Funded Vaccinations.

## 7.10 Smoking Cessation Program (Plan S)

[Effective September 30, 2011]

### General Policy Description

- Plan S covers nicotine replacement therapies for individuals eligible under the [Smoking Cessation Program](#).

### Policy Details

#### Eligibility

- Coverage is provided for individuals, rather than families.
- Coverage under Plan S does not extend to patients in acute or extended care hospitals.
- Eligibility for coverage under Plan S is established in the Smoking Cessation Program Policy ([Section 5.20](#)).
- Eligibility for coverage under Plan S is automatically recorded in PharmaNet each benefit year (using a Special Authority record).

#### Coverage start date

- Coverage under Plan S begins January 1 of each year and continues until an individual's yearly coverage allowance (84 continuous days of coverage) has been used **or** December 31 of the same year, whichever comes first.
- Coverage from one calendar year does not extend into the next calendar year. Instead new eligibility is automatically recorded in PharmaNet for each new benefit year.
- Plan S coverage cannot be provided retroactively.

#### What is covered

- *[Updated March 17, 2017]* Plan S provides 100% coverage of the cost of eligible nicotine replacement therapies up to the cost limits PharmaCare has established for these products and 100% of dispensing fee costs (up to the dispensing fee recognized by PharmaCare).

>>See [list of eligible nicotine replacement therapy products](#).

### Procedures

#### For pharmacists

- See [Section 5.20](#).

### Tools and Resources

- See the [Smoking Cessation Program](#) web section of the PharmaCare website.

## 7.11 *British Columbia Centre for Excellence in HIV/AIDS (Plan X)*

### *General Policy Description*

Plan X covers antiretroviral drugs for HIV-positive individuals through the BC Centre for Excellence in HIV/AIDS, Drug Treatment Program.

Antiretroviral medication coverage, though funded by PharmaCare Plan X, is available only through the Drug Treatment Program.

The Drug Treatment Program is designed to ensure that all medically eligible persons in B.C. who are living with HIV have access to free antiretroviral therapy.

### *Policy Details*

#### *Eligibility*

- The BC Centre for Excellence in HIV/AIDS determines an individual's eligibility for the Drug Treatment Program. PharmaCare cannot determine eligibility for the program or enrol individuals in it.

*For eligibility and enrolment information for the Drug Treatment Program, visit the [BC Centre for Excellence in HIV/AIDS](#) website.*

#### *Coverage start date*

- Coverage begins when an individual is enrolled in the BC Centre for Excellence in HIV/AIDS Drug Treatment Program.
- Plan X coverage cannot be provided retroactively.

#### *What is covered*

- HIV-positive B.C. residents receive their antiretroviral drugs free when enrolled with the BC Centre for Excellence in HIV/AIDS, Drug Treatment Program.

### *Procedures*

- For eligibility criteria and enrolment information for the Drug Treatment Program, visit the [BC Centre for Excellence in HIV/AIDS](#) website.
- HIV/AIDS medications dispensed by the BC Centre for Excellence in HIV/AIDS under the Drug Treatment Program are not entered in PharmaNet.

### *Tools and Resources*

- [BC Centre for Excellence in HIV/AIDS](#) website—offers information about antiretroviral medication coverage under the Drug Treatment Program as well as prescribing and dispensing requirements.

## 7.12 First Nations Health Benefits (Plan W)

[October 1, 2017: Addition of Plan W effective October 1, 2017]

### General Policy Description

Plan W covers eligible prescription drugs and limited medical supplies/devices for eligible members of the First Nations Health Authority (FNHA).

### Policy Details

#### Eligibility

- Coverage is provided for individuals, rather than families.
- An individual must:
  - have active Medical Services Plan (MSP) coverage, and
  - be a registered Indian under the Indian Act, or are a child of less than 1 year of age who has at least one parent who is a registered Indian under the Indian Act, and
  - not be an individual who is eligible to receive comprehensive drug coverage through:
    - a treaty and land claims agreement under the Constitution Act, 1982 (Canada) (unless that treaty and land claims agreement has been identified by the provincial Minister of Health as not resulting in ineligibility), or
    - a written contribution arrangement between a First Nations organization and a government or province of Canada under which the government provides funding and which has been identified by the provincial Minister of Health as resulting in ineligibility for enrolment.
- PharmaCare cannot authorize Plan W coverage; eligibility for the plan is confirmed by the FNHA.

#### What is covered?

- Under Plan W, PharmaCare pays 100% of:
  - eligible prescription drug costs up to the maximum cost recognized by PharmaCare
  - certain over-the-counter medications and devices
  - eligible medical supply/device costs, except Medical Supplies and Equipment (“MS&E”) items that require NIHB pre-approval
  - dispensing and pharmacy services fee costs up to the maximum fee recognized by PharmaCare
  - Plan W benefits purchased within Canada but outside B.C. if a request for reimbursement is submitted with appropriate documentation.

See the list of [NIHB MS&E benefits for information on benefits and items that require pre-approval.](#)

#### Coverage start date

- The FNHA confirms eligibility and Plan W coverage is automatically uploaded to PharmaNet. Coverage is in effect from the time the individual’s eligibility for Plan W is uploaded to PharmaNet.
- Plan W coverage cannot be provided retroactively.

## ***Over-the-counter (OTC) medications***

### ***Covered under Plan W***

- For an OTC drug in the Plan W formulary to be eligible for coverage:
  - a prescriber (a physician, nurse practitioner, or midwife ) must write a prescription for the drug unless the medication is included on the list of [OTCs considered appropriate for pharmacists-initiated therapy, and](#)
  - the pharmacy must enter the drug in the PharmaNet system.
- If a pharmacist initiates treatment with an eligible medication included on the list of [OTCs considered appropriate for pharmacists-initiated therapy](#), the pharmacy must retain a record of the purchase similar to that required for prescription items.

### ***Covered by Non-Insured Health Benefits (NIHB)***

- NIHB continues to cover specific OTC medications for individuals eligible under Plan W.
- Claims for these items will adjudicate under NIHB automatically when entered in PharmaNet.

## ***Medical Devices***

### ***Covered under Plan W***

- PharmaCare covers specific devices under Plan W.
- Claims for devices covered by PharmaCare automatically adjudicate under Plan W.
- Please see the list of [Plan W Non-Drug OTC Benefits PINs](#).

### ***Devices covered by Non-Insured Health Benefits (NIHB)***

- NIHB covers some devices for Plan W beneficiaries.
- Please see NIHB's [list of devices](#).

## ***Medical Supplies and Equipment***

- Non-Insured Health Benefits (NIHB) continues to cover medical supplies and equipment (MS&E) for individuals covered under PharmaCare Plan W if the item requires prior authorization from NIHB.
- Items that do not require prior approval from NIHB are covered under PharmaCare and are subject to PharmaCare rules for eligibility and reimbursement.

>> See the [NIHB list of MS&E benefits](#) to determine whether or not an item require prior approval from NIHB.

## ***Out-of-province benefits***

- Out-of-province purchases of Plan W benefits may be reimbursed if the client submits an [Out-of-Province claim form \(HLTH 5480\) \(PDF\)](#) to PharmaCare with the appropriate documentation.

## Procedures

### For Pharmacists

#### *Plan W Coverage Not in Place*

*Occasionally, the FNHA patient eligibility may not have been uploaded to PharmaNet yet and the PharmaNet transaction will not provide the expected adjudication results.*

- 1 Call the [PharmaNet Help Desk](#).

*The Help Desk will seek to confirm active Plan W coverage. If coverage is confirmed, the Help Desk enters the coverage in PharmaNet to allow for prescription processing under Plan W.*

- 2 On receiving confirmation that short term assistance is in place, process the prescription as usual.

#### *If the Patient has a Prescription for an OTC*

- 1 Enter the claim in PharmaNet as you would any other prescription, and
- 2 retain a copy of the prescription on file.

#### *If Pharmacist Initiates Treatment with an OTC eligible for Plan W coverage*

- 1 Enter the claim with P1 (for College of Pharmacists of BC) in the PRACT ID REF field and your own College Registration Identification (Reg ID) in the Prescriber ID field, and
- 2 Retain a record of the purchase similar to that required for prescription items.

## Tools and Resources

- For questions regarding eligibility for Plan W, patients and pharmacists can contact the FNHA at 1 855 550 5454 or by email to [HealthBenefits@fnha.ca](mailto:HealthBenefits@fnha.ca).
- For questions regarding PharmaCare Plan W coverage and claims:
  - pharmacies can contact the PharmaNet HelpDesk.
  - patients should [contact Health Insurance BC](#).