

BC PHARMACARE NEWSLETTER

Edition 23-006: June 2023

The PharmaCare Newsletter team works from the territory of the Lekwungen People, known today as the Songhees and Esquimalt Nations. Our gratitude extends to them, and all Indigenous Peoples on whose territories and lands we build relationships.

BC PharmaCare counts on pharmacies and device providers to practice cultural safety and humility. To learn more, read *Coming Together for Wellness*, a series of articles by the First Nations Health Authority (FNHA) and PharmaCare, and consider taking the *San'yas Indigenous Cultural Safety* course.

The PharmaCare Newsletter is published by the Pharmaceutical, Laboratory & Blood Services Division to provide information to B.C.'s healthcare providers.

www.gov.bc.ca/pharmacarepharmacists
www.gov.bc.ca/pharmacareprescribers
www.gov.bc.ca/pharmacaredeviceproviders



Table of Contents

Opioid agonist treatment moves to Plan Z	2
Potential coverage issues for non-benefit OAT Special Authority	2
Exceptional Plan Z coverage	2
Paxlovid eligibility update	3
Prosthetic and orthotic policy changes	4
Scope of Practice Corner	5
Minor Ailments and Contraception Service (MACS).....	5
Emergency contraception	5
Info sheets: share the news!	5
Search past PharmaCare newsletters	6
RAT kit payment update	7
Policy Spotlight: Prosthetic and Orthotic Program	8
Formulary and listing updates	8
Expensive Drugs for Rare Diseases: tafamidis, triheptanoin	8
Limited Coverage benefits: Semglee®, Elonox®	9
Non-benefits: cariprazine, mesalamine, ospemifene, prasterone	10
Your Voice: Input needed for drug decisions	10
PharmaCare Scripts: Minor Ailments and Contraception Service	11
Special Edition Newsletter June 1, 2023	12
Minor Ailments and Contraception Service launches today	12
Resources	12
Special Edition Newsletter June 21, 2023	12
Minor Ailments and Contraception Service (MACS) booking system	12
BCPhA training materials and information session	13
Resources	13
Special Edition Newsletter June 28, 2023	13
MACS booking system ready for patients	13
Information to share with pharmacy clients	13
Exceptional Plan Z coverage for contraceptives.....	14
Temporary coverage ends for methadone 10 mg/mL products	14

Opioid agonist treatment moves to Plan Z

PharmaCare is pleased to announce that, as of June 6, 2023, opioid agonist treatment (OAT) is covered under Plan Z (Assurance) for all B.C. residents, and that exceptional Plan Z coverage of OAT is available to B.C. residents who are not yet enrolled in the Medical Services Plan (MSP).

OAT regular benefits are now covered under the 100% coverage plans C, G and Z. OAT non-benefits are also covered, with Special Authority (SA) approval, under plans C, G, W, and now Z.

Adding OAT to Plan Z improves access to opioid use disorder treatment as there is no deductible or additional eligibility requirements for Plan Z. Providing exceptional Plan Z coverage ensures people can receive care while they wait for processing of their MSP application and/or fulfilment of MSP identification requirements.

The move delivers on the Ministry's mandate to support work "to accelerate B.C.'s response to the illicit drug toxicity crisis across the full continuum of care."

Potential coverage issues for non-benefit OAT Special Authority

After June 6, 2023, patients should receive 100% coverage for non-benefit OAT if they have active exceptional SA in place. Pharmacists should be aware that patients with exceptional SA for non-benefit OAT (i.e., Methadose[®] sugar-free/dye-free, compounded methadone, Suboxone[®] 12 mg and 16 mg SL tabs, Suboxone[®] film) may experience a change from 100% coverage to partial or no coverage at the pharmacy, despite having an active SA approval. This could happen, for instance, following an income review or a January 1 deductible update for patients covered by Fair PharmaCare. This is due to the technical requirements of entering SAs to cover non-benefit OAT under Plan Z.

Pharmacists or prescribers should call the HIBC Help Desk if they believe someone with an active SA for non-benefit OAT is not receiving the right coverage. Help Desk staff will determine whether the SA is active and will contact the SA team to reinstate full coverage. If an SA has expired, the prescriber will need to submit a new request.

- Prescriber information line: 1-866-905-4912
- Pharmacy information line: 1-800-554-0225

Exceptional Plan Z coverage

Exceptional Plan Z coverage of OAT is available to people living in B.C. who:

- Have not yet applied for MSP, or
- Have applied for MSP but have not yet presented their ID at an ICBC counter, or
- Have completed steps 1 and 2, but are in the MSP coverage [wait period](#)

The [Application for Exceptional Plan Z coverage for OAT](#) has further details.

For convenience, exceptional coverage can be initiated by a prescriber or pharmacist in two ways:

1. Fax

- The prescriber or pharmacist faxes the completed [Application for Exceptional Plan Z coverage for OAT](#) to HIBC
- HIBC reviews the form and sends it to Special Authority
- Special Authority staff enter 6 months of coverage into PharmaNet and inform the pharmacy by fax

2. Phone

- The prescriber or pharmacist phones the [HIBC help desk](#) and provides the following:
 - College ID
 - Patient's name, PHN (if applicable), date of birth, B.C. address
- The pharmacist or prescriber confirms:
 - The patient requires treatment in B.C.
 - The patient's out-of-province medical plan number (if applicable)
 - The patient has been informed that they must enrol in MSP if they are remaining in B.C.
- HIBC staff complete the [Application for Exceptional Plan Z coverage for OAT](#) and send it to Special Authority
- Special Authority staff enter 6 months of coverage into PharmaNet and inform the pharmacy by fax

Resources

- HIBC Help Desk
 - Prescriber information line: 1-866-905-4912
 - Pharmacy information line: 1-800-554-0225
- [Plan Z web page](#)
- [OAT PINs web page](#)
- [Application for Exceptional Plan Z coverage for OAT](#)

Paxlovid eligibility update

The COVID Therapeutics Committee (CTC) has updated the eligibility criteria for nirmatrelvir/ritonavir (Paxlovid™), based on growing real-world evidence. Please see the CTC's [Clinical Practice Guide](#) for full details.

Paxlovid **is recommended** within 5 days of symptom onset for patients with mild to moderate COVID-19 who are at high risk for progression to severe COVID-19.

In the updated guidance, patients at high risk include:

- Immunocompromised individuals and Clinically Extremely Vulnerable Group 1, Group 2, and Group 3 (CEV1, CEV2, and CEV3), regardless of vaccine status or previous infection

OR

- Individuals with TWO or more of the following:
 - Age 70 or older (60 or older if Indigenous)
 - Unvaccinated or under-vaccinated
 - Presence of a serious chronic medical condition, including: stroke; heart failure or heart disease; chronic kidney or liver disease; diabetes; chronic lung disease such as COPD, bronchiectasis or interstitial lung disease; neurological disease such as Parkinson's disease

Paxlovid **may be considered** for patients who reside in long-term care facilities.

The [Paxlovid prescription form \(PDF\)](#) has been updated to reflect current criteria.

For Paxlovid prescribing support, prescribers can call the Ministry of Health's Patient and Client Relations at 1 844 915-5005, Monday through Friday, 8:30 am to 4:30 pm. Be ready to provide patient information (name, date of birth, Personal Health Number and relevant medical information) and a call-back number. A pharmacist will respond as soon as possible.

Resources

- COVID Therapeutics Committee [Clinical Practice Guide](#) (PDF)
- [Paxlovid prescription form](#) (PDF)

Prosthetic and orthotic policy changes

The PharmaCare Prosthetic and Orthotic (P&O) Policy Manual sets out the requirements that providers must follow in order to submit claims for prosthetics and orthotics. Providers should be aware of the following policy changes.

- Providers must purchase and use **new components** when creating a prosthetic or orthotic device claimed to PharmaCare, with the following exceptions:
 - Interim feet and knees, which can be loaned or rented
 - When reusing the patient's existing components as part of a new device

Providers are required to register new components for warranty purposes. The updates above are reflected in [Section 5.1.2](#) of the P&O Policy Manual.

- All new and upgraded devices still require a prescription written by a physician. If a replacement device is later prescribed, a **nurse practitioner** may now serve as the "referring physician" on the [Application for Financial Assistance form](#). The form will be updated soon to reflect this change, but the policy is in effect now, and [Section 7.1.2](#) of the P&O Policy Manual has been updated.
- The [PharmaCare Eligibility Awards and Settlements form](#) has also been updated to collect the **patient's email address**. Providers are encouraged to ensure patients provide their email address when possible as this will help streamline the process and improve response times.
- Eligible partial feet prostheses can now include some **orthotic components** when there is risk to the remaining tissue and the components will help prevent future damage. A full orthotic device is not covered in this instance.

Resources

- [P&O Policy Manual](#)
- [Application for Financial Assistance form](#) (PDF)
- [PharmaCare Eligibility Awards and Settlements form](#) (PDF)

Scope of Practice Corner

News and data about the ongoing scope expansions enabling pharmacists to better help B.C. residents.

Minor Ailments and Contraception Service (MACS)

The Minor Ailments and Contraception Service (MACS) launched on June 1, 2023. On that day, pharmacists performed more than 800 assessments at about 400 community pharmacies across the province. The most frequent assessments were for allergies, UTIs and contraception.

Pharmacists are congratulated for taking on this new role and helping B.C. residents with even more of their health care needs.

Emergency contraception

One question pharmacists are asking is whether the MACS fee can be claimed for assessing a patient for emergency contraception.

Yes, the MACS fee can be claimed if a pharmacist provides a MACS for emergency contraception to a consenting patient. Some patients may prefer to self-select emergency contraception without a MACS assessment or consultation. In these cases, the MACS fee cannot be claimed.

Pharmacists should use the existing contraceptives PINs when they perform MACS for emergency contraception. A separate set of PINs is currently not being considered.

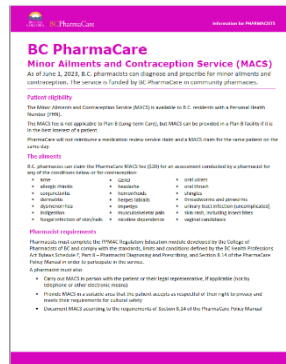
“The pharmacist at our Squamish store did 10 MACS last night after 7 pm, when most other pharmacies were closed. That really shows the community has a need for this service. All the patients were so grateful!”
 - National pharmacy chain vice president, the day after MACS launched

Info sheets: share the news!

PharmaCare has produced a plain-language info sheet about MACS for the public. Consider printing a few copies to have available at the pharmacy counter. You may also want to post one on a wall and direct clients to scan the QR code for more information. An info sheet for pharmacists is also available to share with colleagues and staff.

Public info sheet (click to download)

Pharmacist info sheet (click to download)



Policy and practice details will continue to be refined over the coming months. Pharmacists are encouraged to familiarize themselves with all the details of MACS by reviewing the resources below.

Resources

- [Minor Ailments and Contraception Service](#) PharmaCare web page for health professionals

- [PharmaCare Policy Manual – Section 8.14](#)
- [MACS info sheet for patients](#) (PDF)
- [MACS info sheet for pharmacists](#) (PDF)
- Pharmacists’ quick reference guide: [MACS conditions, PINs and drugs](#) (PDF)
- [See a pharmacist](#) web page for the public
- BC Health Professions Act Bylaws, Schedule F, Part 8 – [Pharmacist Diagnosing and Prescribing](#)
- [Health Professions Act: Pharmacists Regulation](#)

Search past PharmaCare newsletters

Readers of this newsletter probably know they can search content from previous newsletters using the search bar located at the top of the [PharmaCare Newsletter web page](#). This is a handy way of looking up previously published information on topics of interest.

What you may not know is that the newsletter search has some additional tools and features. Here are a few tips to help get the most out of your newsletter search.

On the search results page (see screenshot below), you can click Search Tools to narrow your search results to a certain time period, or to sort the results by most recent or most relevant.

BRITISH COLUMBIA

Home > Health > Practitioner & Professional Resources > BC PharmaCare for health professionals > PharmaCare publications > PharmaCare Newsletter >

PharmaCare Newsletter search

Click "Search Tools" below to sort the search results by date, most recent, or most relevant. Search tips: Put words or phrases that must be in your results in double quotations marks. To narrow results, use the minus symbol (e.g., methadone -liquid). The PharmaCare Newsletter contains PharmaCare and PharmaNet policy updates, drug listings, and relevant news for PharmaCare providers.

"pharmacy"

All

Any time

The Newsletter search also accepts some advanced search techniques. Try some of the examples below.

- Put words or phrases that must be in your results in double quotation marks (e.g., “diabetes medication” “pharmacy”)
- To narrow results, use the minus symbol (e.g., methadone -liquid)
- Use shorter words (e.g., drug not drugs, inject not injectable)

Search the nearly 200 previous newsletters in our catalogue to find innumerable articles about PharmaCare and PharmaNet from as far back as 2009!



THERAPEUTICS INITIATIVE LETTER

[Therapeutics Letter 142](#): *Simple pharmacology can improve prescribing* contains practical tips about how pharmacokinetic parameters can be applied to prescribing and deprescribing. Videos of case vignettes are also available at the link above.

RAT kit payment update

Since the last newsletter, PharmaCare has paid pharmacies for RAT (COVID rapid antigen test) kit distribution as follows:

Payment month	Paid on date
March 2023	June 5, 2023

Pharmacies are paid \$75 for each case of RAT kits distributed, and pharmacists are reminded to enter the correct PIN:

- BTNX case PIN 66128325
- Artron case PIN 66128338

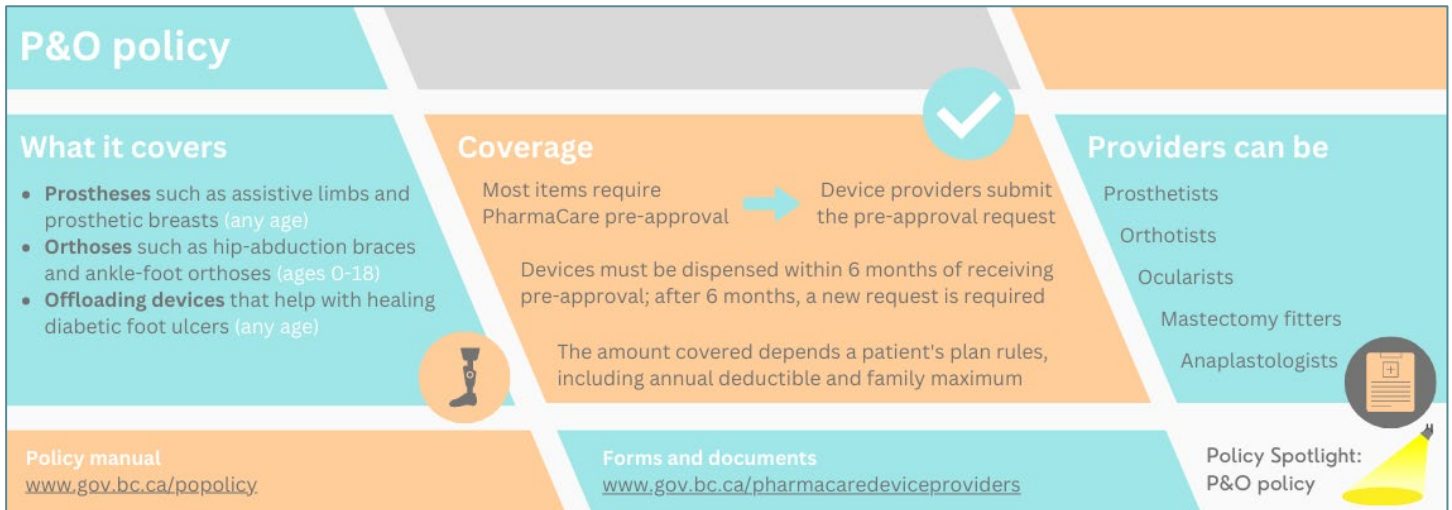
Resources

- [2023 PharmaCare provider payment schedule \(PDF\)](#)
- [COVID-19 information for pharmacists](#)

Pharmacy owners and managers: The PharmaCare Newsletter is always available as a ready-to-print PDF. Consider printing and posting the latest newsletter where pharmacy staff can see it – and invite them to subscribe, too, so they're notified of new issues.

Policy Spotlight: Prosthetic and Orthotic Program

Each month, we shine a spotlight on a PharmaCare policy with an at-a-glance infographic. This month, we are highlighting information related to prosthetic and orthotic device providers. We welcome your suggestions for topics to spotlight. Contact us at PhamaCareNewsletter@gov.bc.ca.



Visit www.gov.bc.ca/popolicy for more information.

Formulary and listing updates

Expensive Drugs for Rare Diseases: tafamidis, triheptanoin

Effective May 11, 2023, PharmaCare funds tafamidis (Vyndamax®) through the [Expensive Drugs for Rare Diseases \(EDRD\) process](#). Clinicians may apply for funding for eligible patients with cardiomyopathy due to transthyretin-mediated amyloidosis (ATTR-CM).

Another product, tafamidis (Vyndaqel®), has been available through the EDRD process since March 31, 2021, for eligible patients with ATTR-CM. Vyndamax is the new formulation with the same Health Canada indication as Vyndaqel. While Vyndaqel contains the meglumine salt form of tafamidis, Vyndamax contains the free acid form. Vyndamax can be administered as a single capsule of 61 mg once daily compared to Vyndaqel's 4 capsules of 20 mg once daily.

The two products are not interchangeable; however, patients already approved for funding of Vyndaqel do not require a new EDRD application to transition to Vyndamax.

Vyndamax has the same coverage criteria as Vyndaqel. Initial applications for coverage of Vyndamax for treatment-naïve patients will be approved for up to 6 months. It is the responsibility of the prescribing physician to request continued funding.

Drug name	tafamidis (Vyndamax®)		
Date effective	May 11, 2023 – EDRD		
Indication	cardiomyopathy due to transthyretin-mediated amyloidosis		
DIN	02517841	Strength & form	61 mg oral capsule

Effective May 23, 2023, PharmaCare funds triheptanoin (Dojolvi®) through the [EDRD process](#). Clinicians may apply for funding for eligible patients with long-chain fatty acid oxidation disorders. Triheptanoin is distributed and dispensed through Innomar pharmacies.

Initial applications will be approved for up to 12 months. It is the responsibility of the prescribing physician to request continued funding.

Drug name	triheptanoin (Dojolvi®)		
Date effective	May 23, 2023 – EDRD		
Indication	long-chain fatty acid oxidation disorders		
DIN	02512556	Strength & form	100% w/w triheptanoin liquid for oral ingestion

Limited Coverage benefits: Semglee®, Elonox®

PharmaCare has added the following Limited Coverage drugs to the PharmaCare drug list. Special Authority approval is required for coverage.

Drug name	insulin glargine (Semglee®) biosimilar		
Date effective	May 25, 2023 – Limited Coverage benefit		
Indication	diabetes mellitus		
DIN	02526441	Strength & form	100 U/mL solution for injection

Drug name	enoxaparin (Elonox®) biosimilar		
Date effective	June 1, 2023 – Limited Coverage benefit		
Indication	various		
DINs	02532247 02532255 02532263 02532271 02532298 02532301 02532328	Strength (form = prefilled syringe)	30 mg/0.3 mL 40 mg/0.4 mL 60 mg/0.6 mL 80 mg/0.8 mL 100 mg/1 mL 120 mg/0.8 mL 150 mg/1 mL

Non-benefits: cariprazine, mesalamine, ospemifene, prasterone

PharmaCare has determined the products below will not be covered.

Drug name	cariprazine (Vraylar®)
Date effective	May 4, 2023 – non-benefit
Indication	schizophrenia

Drug name	mesalamine (Octasa®)
Date effective	May 30, 2023 – non-benefit
Indication	ulcerative colitis

Drug name	ospemifene (Osphena®)
Date effective	May 30, 2023 – non-benefit
Indication	moderate to severe dyspareunia and/or vaginal dryness, symptoms of vulvovaginal atrophy

Drug name	prasterone (Intrarosa®)
Date effective	May 30, 2023 – non-benefit
Indication	postmenopausal vulvovaginal atrophy

Your Voice: Input needed for drug decisions

The knowledge and experience of patients, caregivers and patient groups is integral to [B.C.'s drug review process](#). If you know someone who's taking one of the drugs below or who has a condition any of the drugs treat, encourage them to visit www.gov.bc.ca/BCyourvoice.

Your Voice is accepting input on the following drugs until **June 27, 2023**, at 11:59 pm.

Drug	Indication
roflumilast (Zoryve™)	plaque psoriasis in patients 12 yrs +
cenobamate (brand name TBC)	partial onset seizures in adults with epilepsy

Visit [Your Voice](#) for more information and to complete a survey.

PharmaCare Scripts: Minor Ailments and Contraception Service

Did you resolve an interesting pharmacy case, or do you have a question about applying a PharmaCare policy? Share your story or inquiry with PharmaCareNewsletter@gov.bc.ca and you could find it in a future PharmaCare Script.

Minor Ailments and Contraception Service

Josie walks into the pharmacy near her apartment after learning that pharmacists can prescribe some medications. Josie thinks she feels a cold sore outbreak starting at the edge of her lip.

Josie asks at the pharmacy counter if someone can talk to her about cold sore treatments. After waiting a few minutes, Jason, a pharmacist, greets Josie. Jason tells Josie how the Minor Ailments and Contraception Service works and asks her if she's interested in participating. She is, so Jason meets her in a consultation room where he obtains her consent to proceed, confirms her identity, and pulls up her PharmaNet profile.

Jason checks Josie's current medications and confirms that Josie has not had another MACS appointment about cold sores in the past 3 days. After discussing her symptoms and medical history, Jason feels confident that Josie is experiencing a flare-up of herpes labialis. He prescribes an oral antiviral medication and explains how to use it.

Jason also provides a follow-up and monitoring plan for Josie. "If the medication seems to be working, there's no need to return to see me. But I can give you a call in 7 days to see if it's better. In the meantime, if you have any questions about the medication or about your cold sores, feel free to come back and see me. You can always talk to your family doctor at your next visit, too."

"Will my doctor know that you saw me today and that you prescribed this medication?" asks Josie.

"Yes," says Jason. "I'm filling out a report right now that I'll be faxing to your doctor at the end of our visit. Do you have any other questions?"

"Not right now. That was surprisingly quick and easy! Thanks so much for your help."

Jason gives Josie advice on minimizing the spread of the infection and preventing recurrent outbreaks of cold sores.

Once he's done, Jason hands Josie the prescription and follows the required steps for the MACS assessment and for prescribing the medication, consistent with the requirements in the PharmaCare policy manual ([Section 8.14](#)) and the standards, limits and conditions set out by the [College of Pharmacists of BC](#). He confirms he's using the correct PIN (he uses the one for prescribing a Schedule 1 drug for herpes labialis that didn't result in advice to see another health care professional) by consulting the [MACS conditions, PINs and drugs table](#) (PDF) that's beside the computer.



Did you know?

The two age groups with the greatest PharmaCare expenditures in 2021/22 were the 45-49 and 50-54 age groups, with approximately \$2,300 spent per beneficiary in each group that year.

Special Edition Newsletter June 1, 2023

Minor Ailments and Contraception Service launches today

The Ministry is pleased to announce that, beginning today, pharmacists in B.C. can assess people for 21 minor ailments and contraception, and can prescribe medications for these when appropriate.

“This is a really exciting day—it’s a culmination of many months of work by staff in our ministry and our partners at the College of Pharmacists of BC and the BC Pharmacy Association,” said Mitch Moneo, Assistant Deputy Minister of the Pharmaceutical, Laboratory and Blood Services Division. “I’m proud to see MACS come to fruition and to see pharmacists in our province have the opportunity to help B.C. residents meet even more of their health care needs in a timely way—right in the pharmacy.”

Sue Bouma, Executive Director of Clinical Services and Evaluation, adds: “B.C. pharmacists have had the training and the knowledge to help people with their health needs for years. MACS enables pharmacists to make even better use of their experience and wisdom. It empowers them to practise to the full extent of their abilities, while helping patients get the care and taking some stress off the health care system.”

Pharmacists are encouraged to review the resources below and to continue to seek out educational and professional practice opportunities to broaden their knowledge about assessing and prescribing for the MACS ailments and contraception.

Resources

- Read and subscribe to the [Minor Ailments and Contraception Service](#) web page
- [PharmaCare Policy Manual – Section 8.14](#)
- Pharmacists’ quick reference guide: [MACS conditions, PINs and drugs](#) (PDF)
- BC Health Professions Act Bylaws, Schedule F, Part 8 – [Pharmacist Diagnosing and Prescribing](#)
- [Health Professions Act: Pharmacists Regulation](#)
- [Ministerial Order 114/2023](#) (PDF)

Special Edition Newsletter June 21, 2023

Minor Ailments and Contraception Service (MACS) booking system

Pharmacies can now input their MACS appointment options into the soon-to-be-launched MACS booking system. Pharmacies can add information such as address, ailments assessed, appointment times, accessibility features, availability of parking and proximity to transit.

Once the provincial booking system goes live for the public on June 29, 2023, pharmacies will be required to use it to manage MACS appointment bookings, rather than their own systems. Pharmacies are encouraged to also offer MACS to patients who come into the pharmacy without booking an appointment.

The MACS booking system is based on the same platform as the GetVaccinated/ImmsBC booking system, and the pharmacist interface will be very similar.

Pharmacies with ImmsBC admin access can now log in to [ImmsBC Classic](#) to input their MACS appointment options. To request access to the ImmsBC system, visit the [BC Immunization Portal](#) on the BC Pharmacy Association (BCPhA) website.

BCPhA training materials and information session

The BCPhA has booking system training materials on their [website](#). Consider signing up for their [online Zoom information session](#) on June 26.

Resources

- [ImmsBC Classic](#)
- [BC Immunization Portal](#)
- [Minor Ailments and Contraception Service](#) - web page
- [PharmaCare Policy Manual – Section 8.14](#)

Special Edition Newsletter June 28, 2023

MACS booking system ready for patients

Starting June 29, 2023, B.C. residents will be able to book a Minor Ailments and Contraception Service (MACS) appointment through the province's new online booking system. They can access the booking system and a guide that helps determine if a MACS appointment is appropriate at www.gov.bc.ca/SeeAPharmacist.

Since June 20, pharmacies have [been encouraged](#) to input their MACS appointment availability and other service features in the booking system through [ImmsBC](#). All B.C. pharmacies that accept online bookings for MACS appointments are expected to use the provincial booking system rather than a local or corporate system.

For both pharmacists and the public, the MACS booking system interface is similar to the COVID-19 vaccine booking system—although the two function independently from one another.

Information to share with pharmacy clients

- People who registered with GetVaccinated to book COVID-19 or flu vaccinations do not need to register to use the MACS booking system (more than 90% of the B.C. population is registered with GetVaccinated)
 - People who are not registered with GetVaccinated can register online through www.gov.bc.ca/SeeAPharmacist or by calling the MACS help line: 1-833-882-0022
- People can book one appointment per ailment and several appointments at a time. They will be offered an option to “book another appointment” after confirming a first booking
- People of any age can book an appointment
- People can book an appointment for a friend or family member if that person has registered with GetVaccinated and the person booking has their full name, birthdate and Personal Health Number (PHN)
- Bookings can be made on a computer or mobile device
- Appointment confirmations and reminders are sent by text message or email
- Pharmacies may also book MACS appointments in person or by phone and offer the service on a walk-in basis

The BC Pharmacy Association (BCPhA) has created resources for pharmacists about the new booking system. These are available on the [BCPhA website](#).

Resources

- www.gov.bc.ca/SeeAPharmacist – web page for the public
- [BC Pharmacy Association MACS portal](#)
- [Minor Ailments and Contraception Service](#) – web page for health professionals
- [PharmaCare Policy Manual – Section 8.14 Minor Ailments and Contraception Service](#)

Exceptional Plan Z coverage for contraceptives

On April 1, 2023, many contraceptives were moved to Plan Z to improve access to contraceptives for B.C. residents. As of June 26, 2023, B.C. residents can get **exceptional** Plan Z coverage of eligible contraceptives. The requirements are the same as for exceptional coverage of Mifegymiso – the person must complete both steps of [MSP enrolment](#):

- Complete the Application for Health and Drug Coverage through www.gov.bc.ca/ahdc
- Present ID at an ICBC driver licensing office, if applicable

Pharmacists need to complete the new Application for Exceptional Coverage of Contraceptives form, which the patient will need to sign.

PharmaCare thanks pharmacists for supporting access to contraceptives.

Resources

- [Application for Exceptional Coverage of Contraceptives form \(PDF\)](#)
- [Plan Z \(Assurance\)](#) – web page for health professionals, with full exceptional coverage procedures for pharmacists
- [PharmaCare Policy Manual – Section 7.13 Assurance \(Plan Z\)](#)
- [Free contraceptives – information for health professionals](#) – page for health professionals

Temporary coverage ends for methadone 10 mg/mL products

In March 2023, due to shortages of methadone 10 mg/mL products, PharmaCare began offering temporary regular benefit coverage of several alternative methadone products for opioid agonist treatment (OAT). The shortages have now been resolved and, effective July 24, 2023, the following products will once again become non-benefits.

Pharmacists are encouraged to communicate with prescribers who have prescribed any of the below products before dispensing them to patients, so that they are aware of the change in coverage and to help with continuity of care for OAT participants.

Refer to [PharmaCare OAT PINs and DINs](#) for more information about methadone regular benefit options.

Jamp methadone 10 mg/mL (unflavoured, sugar-free) DIN 2495783	PIN
methadone SF (Jamp) 10 mg/mL - direct interaction	67000021
methadone SF (Jamp) 10 mg/mL - NO direct interaction	67000022
methadone SF (Jamp) 10 mg/mL - delivery w/ direct interaction	67000023
methadone SF (Jamp) 10 mg/mL - delivery w/ NO direct interaction	67000024

Methadose 10 mg/mL (unflavoured, sugar-free) DIN 2394618*	PIN
methadone SF (Methadose) 10 mg/mL - direct interaction	67000001
methadone SF (Methadose) 10 mg/mL - NO direct interaction	67000002
methadone SF (Methadose) 10 mg/mL - delivery w/ direct interact	67000003
methadone SF (Methadose) 10 mg/mL - delivery w/ NO direct interact	67000004

*Patients with Special Authority approval in place for Methadose sugar-free products will not experience any disruption in coverage.

Metadol 10 mg/mL DIN 2241377	PIN
Metadol 10 mg/mL liquid methadone - direct interaction	67000009
Metadol 10 mg/mL liquid methadone - NO direct interaction	67000010
Metadol 10 mg/mL liquid methadone - delivery w/ direct interact	67000011
Metadol 10 mg/mL liquid methadone - delivery w/ NO direct interact	67000012

Odan methadone 10 mg/mL (cherry) DIN 2495872	PIN
methadone (Odan) cherry 10 mg/mL – direct interaction	67000029
methadone (Odan) cherry 10 mg/ mL – no direct interaction	67000030
methadone (Odan) cherry 10 mg/ mL – delivery w/ direct interaction	67000031
methadone (Odan) cherry 10 mg/ mL – delivery w/ no direct interaction	67000032

Odan methadone 10mg/mL (unflavoured, sugar-free) DIN 2495880	PIN
methadone (Odan) sf 10 mg/ mL – direct interaction	67000033
methadone (Odan) sf 10 mg/ mL – no direct interaction	67000034
methadone (Odan) sf 10 mg/ mL – delivery w/ direct interaction	67000035
methadone (Odan) sf 10 mg/ mL – delivery w/ no direct interaction	67000036

Emergency compounded methadone 10 mg/mL	PIN
emergency COMPD methadone 10 mg/mL - direct interaction	67000025
emergency COMPD methadone 10 mg/mL - NO direct interaction	67000026
emergency COMPD methadone 10 mg/mL - delivery w/ direct interaction	67000027
emergency COMPD methadone 10 mg/mL - delivery w/ NO direct interaction	67000028