

BC PHARMACARE NEWSLETTER

Edition: 23-005 May 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
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Regulatory change keeps semaglutide for B.C. residents, Canadian citizens and permanent residents

The Minister of Health approved a regulatory change on April 19, 2023, that will keep B.C. supplies of semaglutide (Ozempic®) in the province. According to PharmaNet data, an unusually high percentage of prescriptions for this common treatment for type 2 diabetes mellitus were being sold through online channels to non-B.C. residents – primarily U.S. customers.

Through the new regulation, B.C. residents, Canadian citizens and permanent residents can buy semaglutide through B.C. pharmacies in person or online. Others can only purchase the drug in person at a pharmacy with a valid prescription from a Canadian prescriber. Canadian citizens and permanent residents who are out of the country can order semaglutide online, but pharmacies must confirm their identity as per the College of Pharmacists of BC's [Professional Practice Policy-54](#).

The regulation will help prevent online or mail-order sales of semaglutide to people who do not reside in Canada and who are not making the purchase in B.C.

Resources

- [April 19, 2023 news release](#)
- [Ministerial Order and regulation change](#)
- [Semaglutide limited coverage criteria](#)
- College of Pharmacists of BC's [Professional Practice Policy-54](#)

Scope of Practice Corner

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

PharmaCare announces \$20 minor ailments and contraception assessment fee

In preparation for the upcoming implementation of the Minor Ailments and Contraception Service (MACS), PharmaCare is pleased to announce a new assessment fee of \$20. The fee will take effect with the launch of the service in spring 2023. Pharmacies will be able to claim the fee for assessing clients for any of the 21 MACS ailments and contraception (except emergency contraception), whether or not the assessment leads to a prescription.

Policy and procedures details, such as annual limits and the minimum interval between claims per patient, will be available mid-May in a special edition of this newsletter and on the [MACS web page for health professionals](#). Stay tuned for an official announcement.

Pharmacists and Paxlovid: an indispensable partnership

At the end of March, PharmaCare ended the PAX-F fee, which had compensated pharmacists for following up with Paxlovid patients throughout some of the worst months of the COVID-19 pandemic. This article provides a look back at how it went and what we learned.

Paxlovid™ (nirmatrelvir/ritonavir) was approved by Health Canada on January 17, 2022, and a federally procured supply arrived in B.C. the following week. Community pharmacists quickly became essential to managing people's illness in the pandemic, taking on the roles of assessing patients and following up with them after their Paxlovid treatment course ended.

Paxlovid is a complicated treatment in several ways:

- It needs to be initiated within 5 days of symptom onset
- It is a relatively new drug with limited available effectiveness data
- It is associated with multiple clinically significant drug interactions
- Little is known about its safety in patients with multiple comorbidities

Pharmacists provide timely access to Paxlovid

As of December 31, 2022, more than 1,000 pharmacies had dispensed at least one treatment course of Paxlovid. The wide distribution and participation by pharmacies allowed for rapid access to the drug – important in a drug with such a short treatment-initiation window.

Pharmacists ensure Paxlovid is used safely

Patients with certain risk factors and comorbidities are more likely to benefit from Paxlovid. However, those same patients are also more likely to be taking medications that interact with Paxlovid. PharmaCare introduced a \$30 Paxlovid assessment fee (PAX-A) for pharmacists to claim when they assess patients before dispensing Paxlovid. Pharmacists have played an essential role in identifying and managing drug-drug interactions and ensuring Paxlovid is used appropriately and safely.

Pharmacists provide follow-up to monitor ADEs and adherence

Due to the complexity of Paxlovid and the potential for drug-drug interactions, pharmacists made follow-up phone calls to patients to monitor ADEs (adverse drug events) and adherence, and they documented this information in PharmaNet. PharmaCare implemented a \$15 Paxlovid follow-up fee (PAX-F, which was later increased to \$25) for pharmacists who completed these activities. The resulting data provided valuable insights into Paxlovid safety.

Of the 10,356 PAX-F claims submitted between February and December 2022, 7,421 ADEs were reported. Although the majority of ADEs were mild or moderate, 3.4% (255) were severe, and 0.2% (18) required a hospital visit for evaluation. Despite the large incidence of reported ADEs, 88% of patients reported

completing the 5-day course. For more information, read [Paxlovid in B.C.: interim real-world analysis](#) by the Therapeutics Initiative.

In October 2022, the Ministry ran a survey that gathered information about pharmacists' experiences with Paxlovid that helped inform our understanding of the barriers and facilitators to Paxlovid implementation. These findings will inform a future response and will help ensure access to essential treatments during public health emergencies.

Pharmacists in other practice areas also played important roles in ensuring that Paxlovid was prescribed optimally. Pharmacists from the UBC Pharmacist Clinic and the primary care networks provided advice to clinicians and pharmacists through the COVID-19 antiviral support line. HealthLink BC pharmacists facilitated Paxlovid access for unattached patients through Service BC, and BC Provincial Academic Detailing service (PAD) pharmacists provided educational sessions on Paxlovid to more than 2,200 health care professionals.

Resources

- [Therapeutics Initiative \(TI\) Letter: Paxlovid in B.C., interim real-world analysis](#)
- [Paxlovid: A guide for B.C. pharmacists](#)

Celebrating 50,000 Special Authority eForms

In January 2022, we ran [an article](#) that celebrated the 5,000th Special Authority (SA) request submitted through eForms—a significant milestone in the digitizing of the SA process. Today, that total is over 50,000, and about 300 more are submitted every day. Not only are electronic submissions significantly faster than faxes, users also report that submitting requests online is easier than faxing and has a shorter turnaround time, providing overall benefits to their practice.

Auto-adjudicated drugs

Today, 38 medications and approximately 39% of eForms submissions are auto-adjudicated, meaning decisions are made instantly, and patients can often pick up medications the same day, with SA approval in place. Auto-adjudicated drugs include semaglutide and empagliflozin, which together represent 30% of all SA requests. Other commonly requested medications, such as vancomycin, first-line proton pump inhibitors and first-line angiotensin receptor blockers, are also auto-adjudicated—and that list continues to grow.

Electronic medical records (EMRs)

Not all practitioners have access to SA eForms via their EMR software. Practitioners who don't have eForms access may want to ask their vendors when they plan to incorporate eForms functionality into their platforms. The benefits are significant!

Resources

- [SA—information for prescribers](#)
- [SA eForms](#) – includes sign-up instructions
- [SA—information for the public](#)
- [Health Gateway](#) – patient access to SA request status

All PharmaCare PINs now in one place! Fewer clicks. All PharmaCare PINs are now on one web page. Be sure to bookmark [Product Identification Numbers \(PINs\)](#). The page was requested by a registered pharmacist technician from central Vancouver Island. Here is her review: “This looks freaking AMAZING. Seriously, wow. That makes things so much simpler! So amazingly awesome!!”

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
February 2023	May 1, 2023

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

- BTNX case: 66128325
- Artron case: 66128338

Resources

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

Exceptional Plan G coverage extended

Exceptional coverage under Plan G (Psychiatric Medications) has been extended to 6 months – double the previous duration of 3 months. Exceptional Plan G coverage is:

- For B.C. residents who are in the wait period for MSP coverage or who are about to apply for MSP
- Available to qualifying patients for one 6-month term

- Not renewable – MSP enrolment is required for ongoing Plan G coverage

Please encourage patients with exceptional Plan G coverage to enrol in MSP and to work with their prescribing practitioner to apply for regular Plan G to ensure ongoing coverage if they need it.

Resources

- [PharmaCare Plan G—information for health professionals](#)
- [Application for PharmaCare Plan G](#) – for regular Plan G, bridge coverage or exceptional coverage

Policy Spotlight: Plan G

Each month, we shine a spotlight on a PharmaCare policy with an at-a-glance infographic that's relevant to PharmaCare providers. We welcome suggestions for pharmacy topics to spotlight with an infographic. Contact us at PhamaCareNewsletter@gov.bc.ca.

Plan G

- 100% coverage** of eligible psychiatric medications and opioid use disorder treatments
- Coverage is income based**
Available to any B.C. resident who demonstrates clinical and financial need
- Exceptional coverage (6 months) & bridge coverage (3 months)**
For people without MSP yet or in urgent situations. A prescriber applies on behalf of a patient by filling out a form.
Visit [Psychiatric Medications Plan \(Plan G\)](#) for more information and to download the application form.
- 49,000** beneficiaries in 2021-2022

www.gov.bc.ca/pharmacare/PlanG

Policy Spotlight: Psychiatric Medications (Plan G)

Visit [PharmaCare Plan G—information for health professionals](#) for more information.

Formulary and listing updates

Regular benefits: naltrexone and acamprosate for alcohol use disorder

On April 20, 2023, naltrexone and acamprosate changed from Limited Coverage to regular benefit drugs. Prescribers no longer need to request Special Authority for these drugs to be covered, and a collaborative prescribing agreement (CPA) is no longer required. They are regular benefits under Fair PharmaCare and Plans B, C, F, G and W.

Drug name	naltrexone (ReVia®) and generics		
Date effective	April 20, 2023 – regular benefit		
Indication	alcohol use disorder		
DINs	2451883 2444275 2213826	Strength & form	50 mg tablets

Drug name	acamprosate (Campral®)		
Date effective	April 20, 2023 – regular benefit		
Indication	alcohol use disorder		
DINs	2293269	Strength & form	333 mg tablets

Expensive Drugs for Rare Diseases: sebelipase alfa and mecasecmin

PharmaCare initiated funding of two new drugs through its [Expensive Drugs for Rare Diseases](#) process. Clinicians may apply for funding for eligible patients. Funding is considered on an exceptional case-by-case basis. Prescribers may apply to request additional funding beyond the initial approval period.

Both drugs below are distributed and dispensed through Innomar pharmacy locations.

Drug name	sebelipase alfa (Kanuma®)		
Date effective	April 5, 2023 – EDRD		
Indication	lysosomal acid lipase deficiency		
DIN	02469596	Strength & form	2 mg/mL concentrate for solution for infusion in 20 mg/10 mL single-use vials
Approval duration	6 months; prescribers may request additional funding		

Drug name	mecasermin (Increlex®)		
Date effective	April 27, 2023 – EDRD		
Indication	severe primary insulin-like growth factor-1 deficiency (SPIGFD)		
DIN	02509733	Strength & form	10 mg/mL sterile solution for subcutaneous injection in 40 mg/4 mL multi-dose vials
Approval duration	12 months; prescribers may request additional funding		

Limited Coverage benefit: galcanezumab

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

Drug name	galcanezumab (Emgality®)		
Date effective	April 11, 2023 – Limited Coverage benefit		
Indication	migraine		
DINs	02491060 02491087	Strength & form	120 mg/mL single dose pre-filled syringe and single dose pre-filled pen

Non-benefits: mesalamine and somatrogon

PharmaCare has decided not to cover the following drug for the noted indication.

Drug name	mesalamine (Mezera®)
Date effective	April 11, 2023 – non-benefit
Indication	mildly active ulcerative colitis

Drug name	mesalamine (Mezera®)
Date effective	May 2, 2023 – non-benefit
Indication	long-term treatment of pediatric patients with growth hormone deficiency

PharmaCare Newsletter – Special Edition – May 18, 2023

Minor Ailments and Contraception Service (MACS) policy

Updated May 19, 2023

The Ministry has finalized the policy details of the Minor Ailments and Contraception Service (MACS), launching June 1, 2023, and has published these online as [Section 8.14 of the PharmaCare Policy Manual](#). Pharmacists should familiarize themselves with this section as soon as possible and before they conduct and submit a claim for MACS. The key policy elements are summarized below.

Patient eligibility

To be eligible for PharmaCare-covered MACS, a person must meet all of the following criteria:

- Be a resident of B.C.
- Have a Personal Health Number (PHN)
- Not be covered under PharmaCare’s Long-term Care Plan (B)
- Have a clinical need for the service

Pharmacist requirements and activities

MACS must be conducted in person (not by phone or virtually) with the patient or the patient’s legal representative and must be provided in a suitable area that the patient accepts as respectful of their right to privacy and that meets their requirements for cultural safety.

The following steps are required and must be documented on the [MACS form](#) or equivalent pharmacy-produced paper or electronic document:

1. Inform the patient of the service, confirm their coverage eligibility and clinical eligibility, and obtain their informed consent
2. Review the patient's PharmaNet profile to verify clinical appropriateness and medications
3. Determine the nature of the patient's symptoms and assess their medical and medication histories
4. Recommend appropriate treatment (e.g., medication, self-care advice, and/or advice to see other health care professional[s])
5. Provide advice on how to take any prescribed or recommended medication, including any potential side effects or interactions, and what to do if symptoms do not improve
6. Establish and inform the patient of their follow-up and monitoring plan, which may include one or more of the following:
 - a. Informing the patient of the need for follow up with the pharmacist to monitor the effectiveness and safety of treatment
 - b. Monitoring the patient for any adverse drug events and the patient's response to treatment
 - c. Stopping drug therapy if it is not effective or if the risks outweigh the benefits
 - d. Informing the patient when to seek medical attention from another health care provider

Importantly, a pharmacist must deliver the service in accordance with the standards, limits and conditions defined by the BC Health Professions Act Bylaws Schedule F, Part 8 – [Pharmacist Diagnosing and Prescribing](#) (in force June 1, 2023).

MACS fee

PharmaCare will pay pharmacies \$20 for each MACS performed for an eligible patient. Pharmacies must not request or accept additional fees or payment from the patient or a third-party payer for eligible MACS assessments. The MACS fee is included in the \$78 PharmaCare maximum daily limit.

Minimum time interval between assessments

To claim the MACS fee, 3 full days need to have passed since any previous claim for the same minor ailment (or contraception) for the same patient. For example, if a claim was submitted on Monday, another could not be submitted for that patient for the same ailment until the following Friday.

Before a patient is assessed, the pharmacist must review the patient's PharmaNet profile to determine whether they meet the eligibility requirements.

Notes:

- The MACS fee must be claimed on the day the service is provided
- PharmaCare will not reimburse a medication review claim and a MACS claim for the same patient if both are conducted on the same day. Only one may be claimed on a single day

- When dispensing prescriptions for schedule 1 drugs resulting from a MACS assessment, include intervention code 'PS' with the claim submission (see Section 8.14 of the PharmaCare Policy Manual for claims submission procedure)
- If a pharmacist prescribes medication for daily or frequent dispensing, the dispensing fees will not be eligible for PharmaCare reimbursement

Webinar

The Ministry of Health, College of Pharmacists of BC and the BC Pharmacy Association will be hosting a joint webinar on May 25, 2023, that will include presentations on the scope of practice, standards, limits and conditions, regulatory education, educational supports and PharmaCare policies. A Q&A session will follow the presentations. The webinar will be hosted on Zoom from 6 – 7:15 pm. Register before 5 pm on May 25 at the [BCPhA website](#).

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)

Temporary coverage of UK-labelled ketamine

On May 5, 2023, PharmaCare added a UK-labelled ketamine solution for injection (50 mg/mL in a 10 mL format) as a Plan P benefit to mitigate a critical shortage of injectable ketamine.

Pharmacists are to use PIN 66128396 when entering the UK-labelled ketamine solution in PharmaNet. It will be distributed by McKesson Canada (item #181774).

In the retail sector, ketamine is used for managing chronic pain. Ketamine injection is a PharmaCare [Plan P \(Palliative Care\)](#) benefit. Coverage is also provided through exceptional requests as a last-resort option for chronic pain in non-palliative patients. Patients with Special Authority coverage of Canadian products will automatically receive coverage for the UK-labelled product.

Canada is experiencing a shortage of ketamine injectables marketed by Erfa and Sandoz in 10 mg/mL and 50 mg/mL strengths, in multiple formats. The root cause of the shortage is a disruption in manufacturing related to a review of manufacturing requirements.

Health Canada added ketamine to the [Tier 3 drug shortages list](#) on February 23, 2023, due to the medical necessity of this product. Health Canada approved the UK-labelled drug on April 6, 2023, and added it to its [List of drugs for exceptional importation and sale](#).

For more information on the importation of UK-labelled ketamine, please visit [Juno Pharmaceuticals](#). For up-to-date information on any drug shortages, consult [Drug Shortages Canada](#) or PharmaCare's [Drug shortages](#) page.

Drug name	ketamine, UK-labelled
Dose & form	50 mg/mL solution for injection in a 10 mL format
Distributor	McKesson Canada (item #181774)
PIN	66128396
Covered under plan	P (Palliative Care)

Resources

- [Health Canada Tier 3 drug shortages](#)
- [Drug Shortages Canada](#)
- [Juno Pharmaceuticals](#)
- PharmaCare [Drug shortages](#)
- PharmaCare [Plan P \(Palliative Care\)](#)

PPMAC (MACS) Regulatory Education module now available

The College of Pharmacists of BC has collaborated with UBC's CPPD (Continuing Pharmacy Professional Development) to develop a new education module. The [PPMAC Regulatory Education module](#) launched on May 5, 2023, and is offered through UBC's online learning platform. It is mandatory training for pharmacists who will be participating in MACS.

The module introduces the new regulatory framework that enables pharmacists in B.C. to prescribe for minor ailments and contraception safely, effectively and ethically. The framework was developed collaboratively by the College and the Ministry of Health.

The PPMAC Regulatory Education module covers pharmacist responsibilities when making a diagnosis or prescribing for minor ailments and contraception; the Pharmacists Regulation; the governing standards, limits and conditions and how to apply them; resources available to support pharmacists; and more.

Resources

- [PPMAC Regulatory Education module \(UBC\)](#)
- [MACS for health professionals](#)
- College of Pharmacists of BC [education and training information](#)

PharmaCare Newsletter – Special Edition – May 31, 2023

Minor Ailments and Contraception Service launches tomorrow

The Ministry is pleased to announce that, as of June 1, 2023, pharmacists in B.C. can assess and prescribe for contraception needs and 21 minor ailments, and claim PharmaCare’s Minor Ailments and Contraception Service (MACS) fee.

This is a culmination of many months of work with our partners at the College of Pharmacists of BC and the BC Pharmacy Association, and years of conversation and consideration. B.C. residents can now meet even more of their health care needs in a timely way with a pharmacist.

The regulatory changes, combined with the MACS compensation model, empower pharmacists to practise to the full extent of their abilities, and to help patients get the care they need while taking stress off the health care system.

Pharmacists are encouraged to review the information below and related resources, 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.

Booking assessments

B.C. residents are encouraged to visit or call pharmacies to book an appointment for an assessment. An online [self-assessment](#) will help people ensure that MACS is appropriate for their symptoms.

The Province is developing an online booking system that will be launched this summer.

Patient eligibility

MACS is fully covered for B.C. residents who have a Personal Health Number (PHN), as long as they are not covered under PharmaCare Plan B (Long-term Care).

What is covered

B.C. pharmacies can claim the PharmaCare MACS fee (\$20) for an assessment conducted by a pharmacist for any of the conditions below or for contraception (see following page).

List of minor ailments

- acne
- allergic rhinitis
- conjunctivitis
- dermatitis
- dysmenorrhea
- indigestion
- fungal infections of skin or nails
- GERD
- headache
- hemorrhoids
- herpes labialis
- impetigo
- musculoskeletal pain
- nicotine dependence
- oral ulcers
- oral thrush
- shingles
- threadworms and pinworms
- urinary tract infection (uncomplicated)
- skin rash, including insect bites
- vaginal candidiasis

Pharmacist requirements

Pharmacists must complete the [PPMAC Regulatory Education module](#) to participate. In order to claim the MACS fee, they must comply with the standards, limits and conditions defined by the BC Health Professions Act Bylaws Schedule F, Part 8 – Pharmacist Diagnosing and Prescribing, and with the requirements of [Section 8.14 of the PharmaCare Policy Manual](#).

To claim the MACS fee, a pharmacist must also:

- Carry out MACS with the patient (or their [legal representative](#)) in person—not by telephone or other electronic means
- Provide MACS in a suitable area that the patient accepts as respectful of their right to privacy and that meets their requirements for cultural safety
- Document MACS in accordance with the requirements of [Section 8.14 of the PharmaCare Policy Manual](#)

Steps for pharmacists

1. Inform the patient of the service, ensure their coverage eligibility and clinical eligibility, and obtain informed consent.
2. Review the patient's PharmaNet profile.
3. Determine the nature of the patient's symptoms and assess their medical and medication history.
4. Recommend appropriate treatment, which may include medication, self-care advice, and/or advice to see other appropriate health care professional(s).
5. Provide advice on how to take the prescribed or recommended medication, advising on any potential side effects or interactions, and what to do if symptoms do not improve.
6. Establish, implement, document and inform the patient of their follow-up and monitoring plan.

Note that PharmaCare will not reimburse a medication review service claim and a MACS claim for the same patient from the same day. Full details are provided in [Section 8.14 of the PharmaCare Policy Manual](#).

Submitting a claim for MACS

The claim must be submitted to PharmaNet on the same day MACS is provided to the patient. The appropriate PIN and College Registration Identification (Reg ID) of the pharmacist who provided the MACS must be included.

The pharmacist must enter the 10-digit pharmacy phone number at the start of the SIG field to facilitate information sharing within the patient's circle of care.

Each ailment has 4 PINs to cover the possible outcomes of a MACS assessment. PINs and their descriptions are available in the PharmaCare Policy Manual and in a handy 2-page [quick reference guide](#).

PharmaCare will not pay the fee if a pharmacist provides MACS to ineligible patients or virtually. When providing services that are not eligible for the MACS fee, please follow the steps below:

1. Submit a claim on PharmaNet using the non-benefit MACS PINs:

- Non-benefit minor ailment: 98890089
- Virtual non-benefit minor ailment: 98890090

2. In the SIG field, enter the pharmacy phone number and the minor ailment assessed.

All MACS PINs are available on the [Minor Ailments and Contraception Service](#) web page and in the downloadable [quick-reference guide](#).

MACS and Special Authority requests

MACS expands the opportunities for pharmacists to submit SA requests (e.g., via eForms). Pharmacists may request SA coverage for a patient when:

- Prescribing for minor ailments (new!)
- Prescribing OTC medications such as acetaminophen or NRTs
- Adapting a prescription
- Applying for exceptional Plan Z coverage
- Dispensing vancomycin following a hospital stay, or
- Working in a clinical setting, in collaboration with a prescriber, with access to the patient's full medical record (accessing only PharmaNet is insufficient)

Resources

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