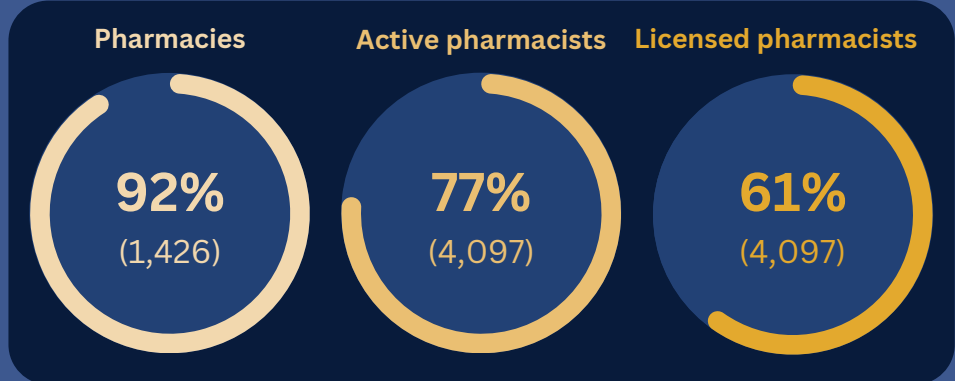
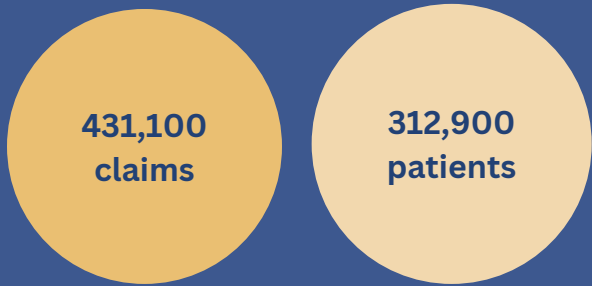


Pharmacists Prescribing for Minor Ailments and Contraception (PPMAC)

1 year overview

B.C. pharmacists have been able to prescribe for minor ailments and contraception (PPMAC) since June 1, 2023. The [Minor Ailments and Contraception Service \(MACS\)](#) is available to B.C. residents at no cost. This is an overview of the first year of data (June 1, 2023 to May 31, 2024). All numbers are approximate.

The big numbers



Top 6 MACS

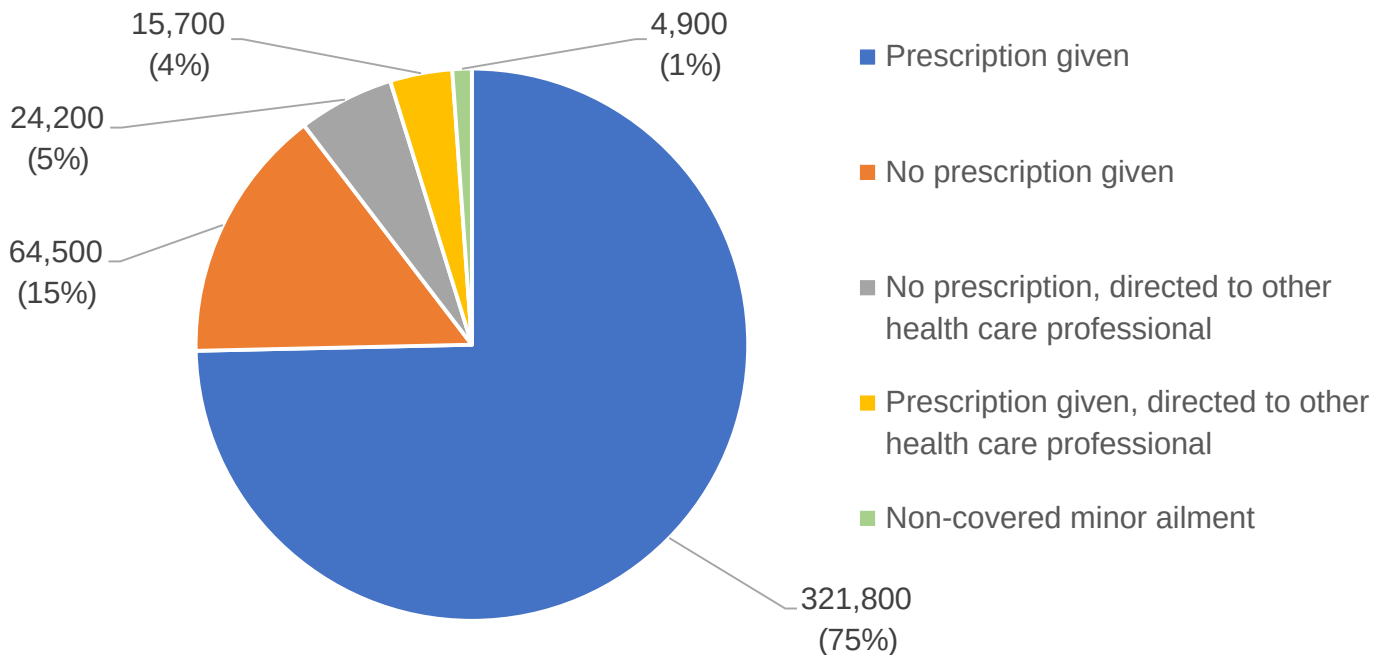
	% of services
Contraception	20
Urinary tract infection (uncomplicated)	20
Conjunctivitis	9
Allergic rhinitis	7
Herpes labialis (cold sore)	6
Dermatitis	6

Pharmacies: Pharmacies that submitted at least 1 drug/service claim in PharmaNet in the previous year.

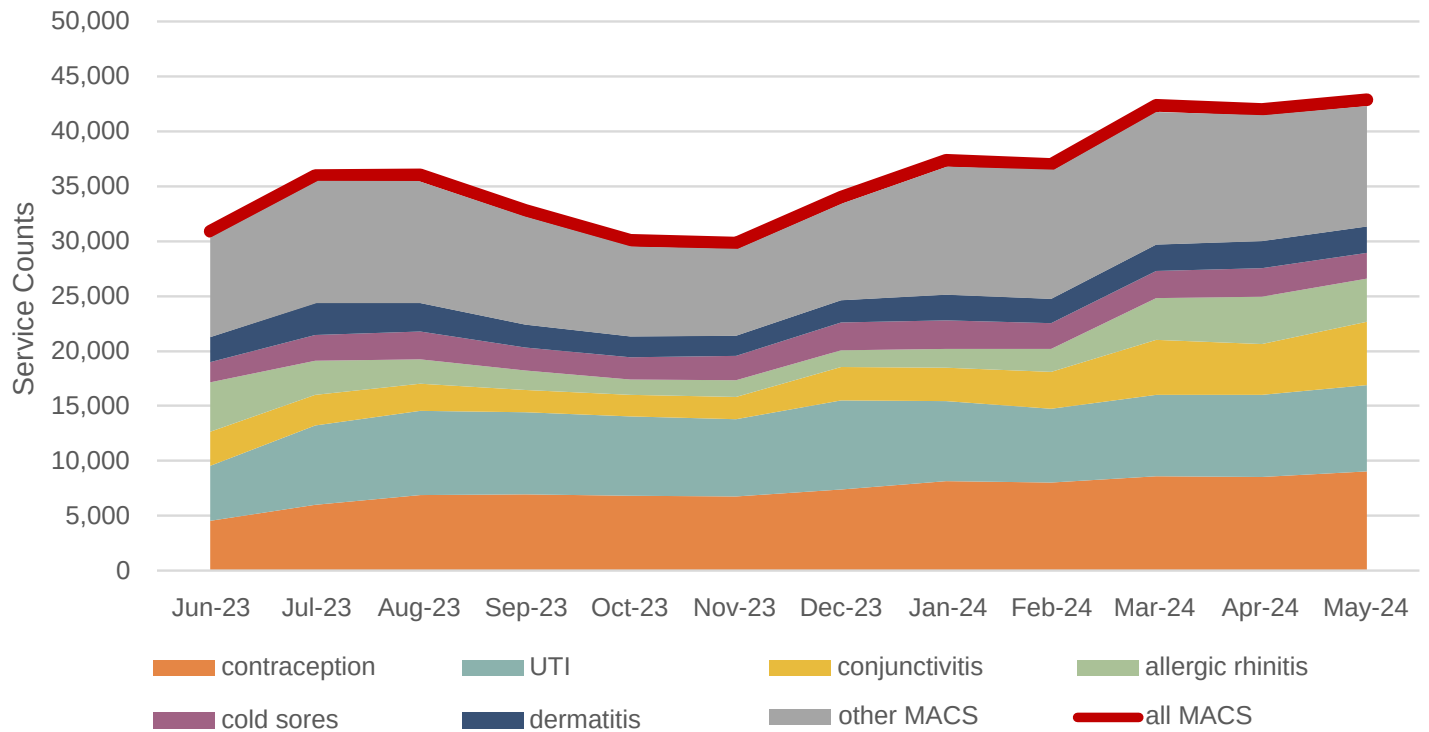
Active pharmacists: Pharmacists who submitted at least one drug/service claim in PharmaNet in the previous year. This metric most likely represents pharmacists who are actively practicing in the community setting.

Licensed pharmacists: Pharmacists registered as a Full Pharmacist with the College of Pharmacists of British Columbia, regardless of practice settings.

Outcome of MACS claim



Monthly count for all MACS

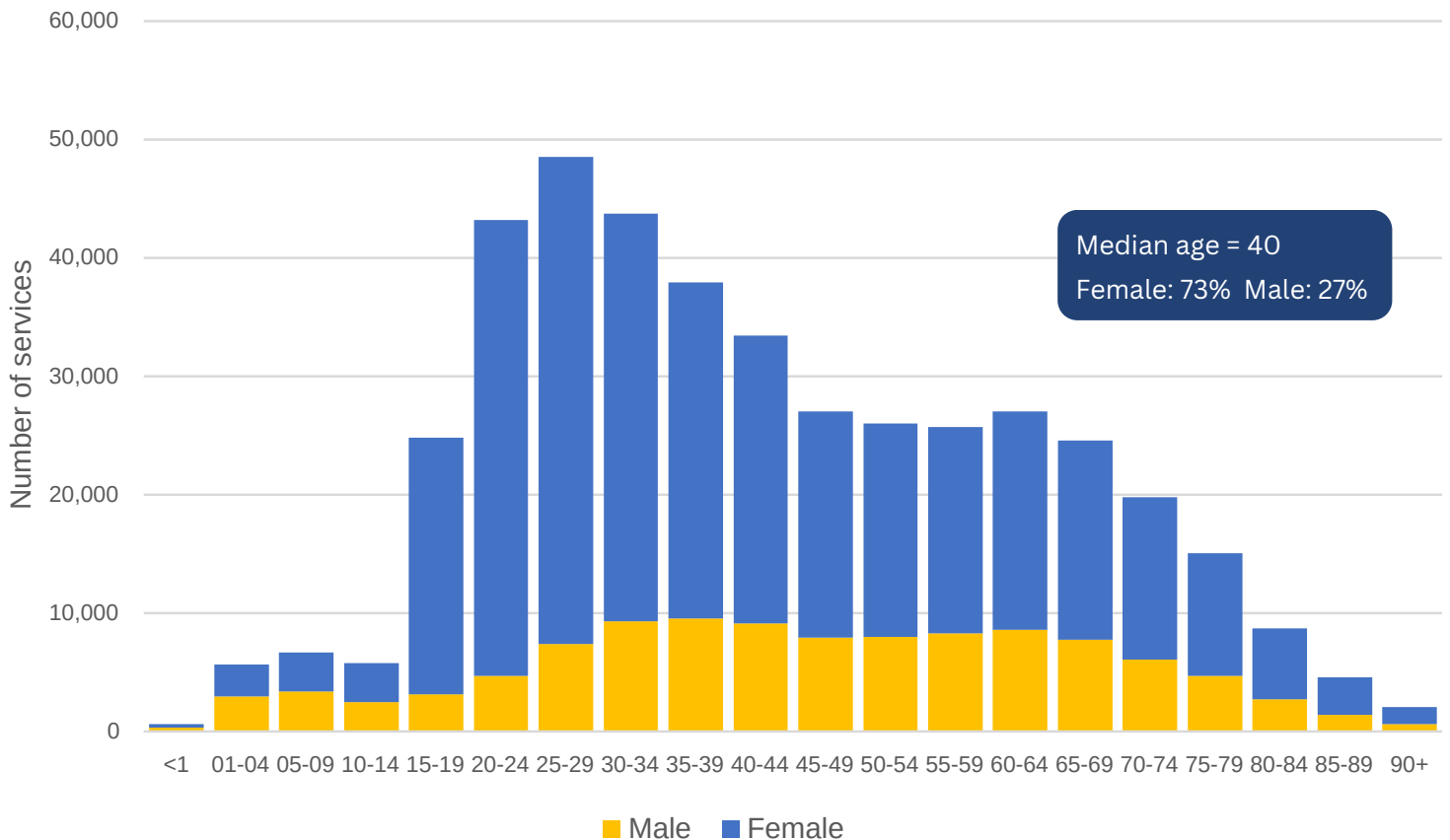


Client demographics

The typical client accessing MACS is an adult female, taking either one or no medications, with unknown income status, living in a metropolitan area, and who likely has a family doctor.

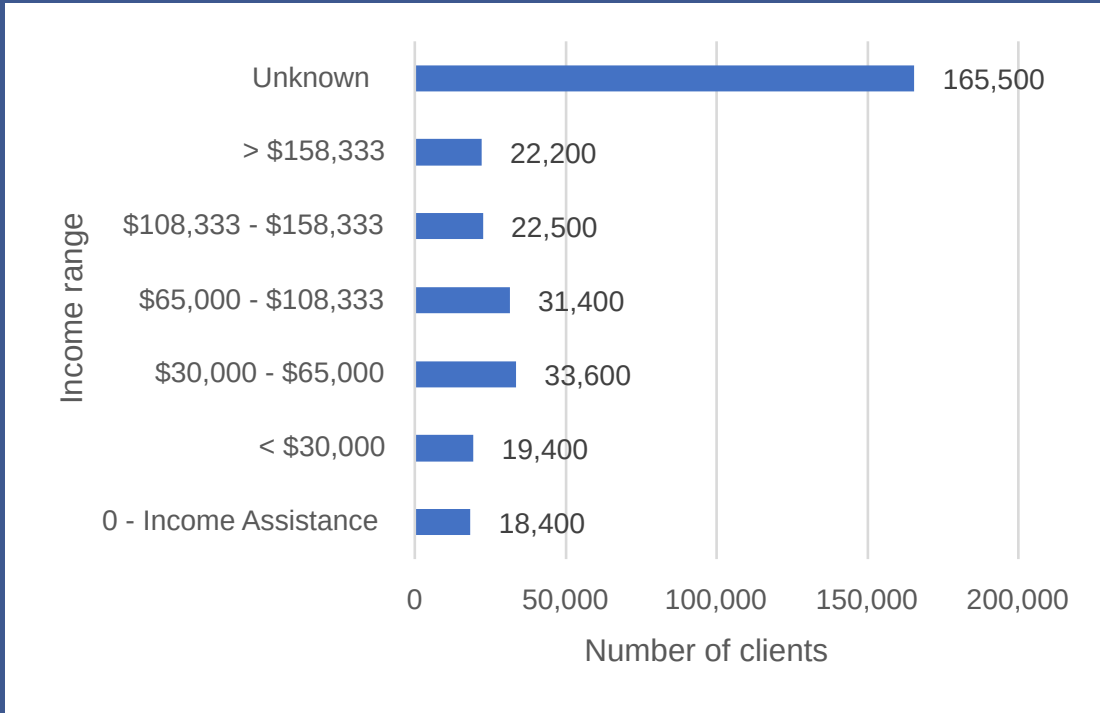
MACS by sex and age

*Please note that data is collected according to male-female sex binary.



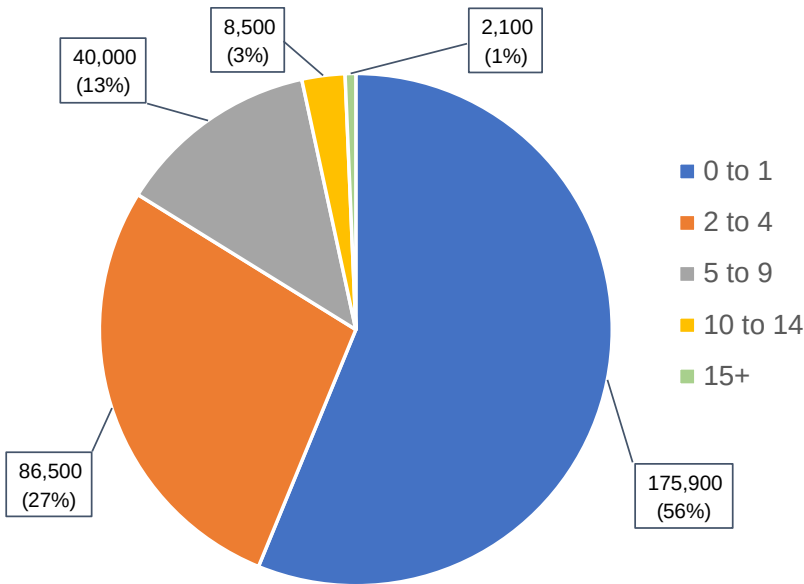
Clients accessing MACS/PPMAC by family net income

"Unknown" income are people who have not registered for Fair PharmaCare. Fair PharmaCare is an income-based coverage plan.



Clients by number of medications

(any medication dispensed 3 months prior to MACS)



Rural/urban classification

- Metropolitan
- Large urban
- Medium urban
- Small urban
- Rural hub
- Rural
- Remote

Clients per 1000 population

- 55
- 56
- 67
- 57
- 59
- 48
- 35

Uptake across urban and rural settings was broadly consistent with expectations with regard to population size, age, community classification, income, and access to pharmacies, prescribers and pharmacists.

Attachment status

Similar proportions of attached and unattached people received MACS. A B.C. resident is considered "attached" if they have a family physician or have had regular visits to the same primary care provider.

5.6% of attached
(238,800)

5.5% of unattached
(37,800)

4.6% of unknown status
(31,800)

Pharmacy type

Chain pharmacies provided nearly two thirds of all MACS in the first year. Chain pharmacies comprise just over one third of pharmacies in B.C.

Chain (35% of pharmacies):

- 64% of claims
- 98% of chain pharmacies provided at least one MACS

Independently owned (65% of pharmacies):

- 36% of claims
- 84% of independent pharmacies provided at least one MACS

Contraception accessed through MACS

Total regular contraception through MACS

15% of all regular contraception users are estimated to be accessing it through MACS.

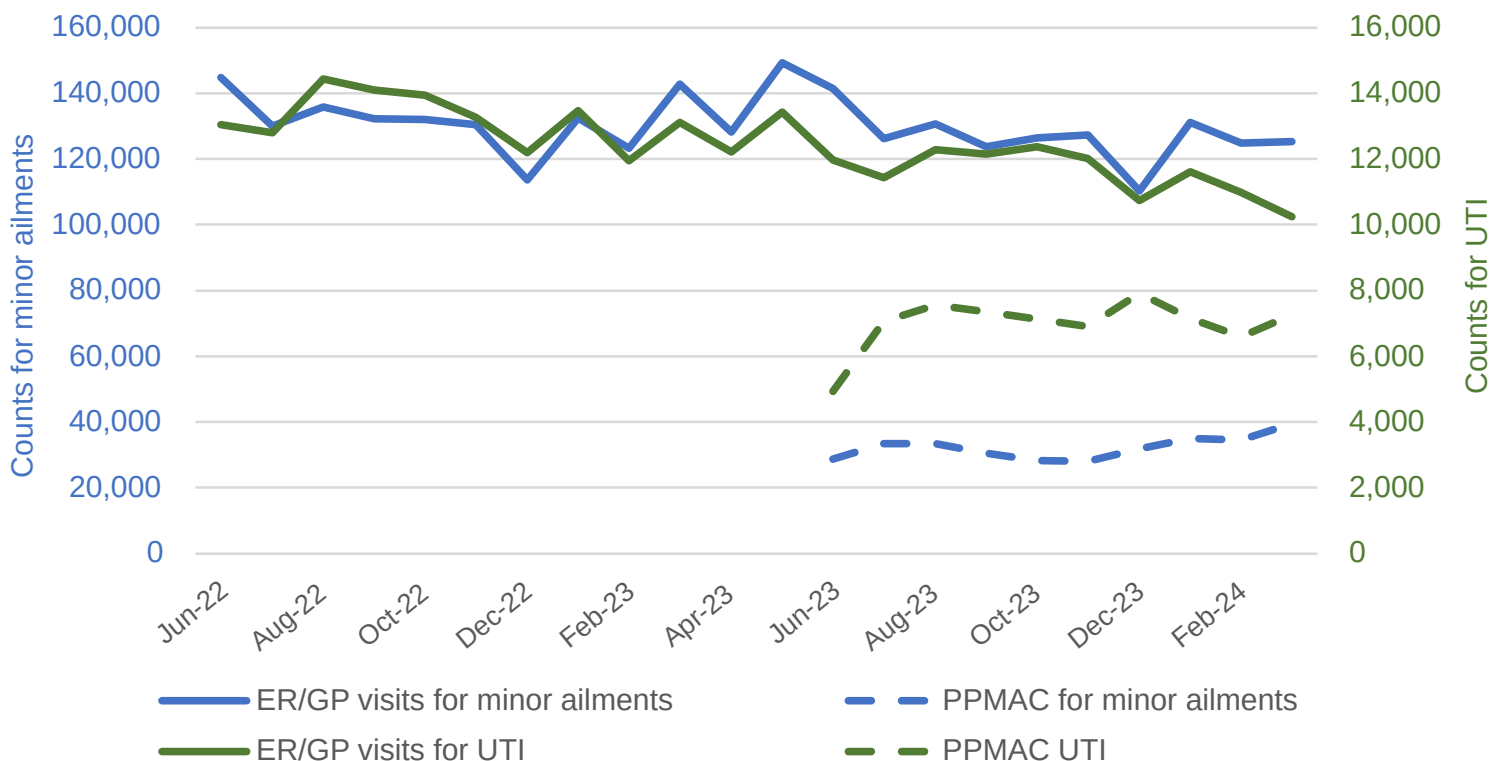
Total emergency contraception through MACS

55% of all emergency contraception users are estimated to be accessing it through MACS.

Impact of MACS on hospital and physician services

ER & GP visits for minor ailments and UTIs

The impact of MACS on primary care and emergency visits is inconclusive due to data limitations.*



*Data is based on PharmaNet, Medical Services Plan of BC (MSP) and the National Ambulatory Care Reporting System (NACRS).

Diagnostic codes in MSP and NACRS are not specific to 'minor' conditions, i.e., codes do not distinguish between uncomplicated and complicated UTIs. Reasons for GP/NP visits may be underestimated in MSP. NACRS captures 70% of all ER visits in B.C. and does not capture certain conditions, such as contraception.