



For up to date criteria and forms, please check: http://www.health.gov.bc.ca/pharmacare/prescribe.html

Fax requests to 1 800 609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

This facsimile is Doctor-Patient privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited. If you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax toll-free to 1 800 609-4884, then destroy the pages received in error.

Should approval be granted for this Special Authority request, PharmaCare's authorization is solely for the purpose of providing prescription benefit for the cost of the requested medication. PharmaCare makes no representation about the suitability of the requested medication for the patient's, or any other, medical condition or problem.

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 - PRESCRIBER INFORMATION

Form section for prescriber information including fields for name, address, college/MSP number, phone number, and fax number. Includes a 'MAIL CONFIRMATION' checkbox and a 'CRITICAL FOR A TIMELY RESPONSE' warning.

SECTION 2 - PATIENT INFORMATION

Form section for patient information including fields for family name, given name, date of birth, date of application, and personal health number. Includes a 'CRITICAL FOR PROCESSING' warning.

SECTION 3 - MEDICATION DETAIL INFORMATION

Form section for medication detail information including checkboxes for new request or renewal, medication requested, dose and regimen, and indication(s) for special authority.

Personal information on this form is collected for the operations of the Ministry of Health. The Ministry will use the information in the decision to provide PharmaCare benefits for the medication requested, and for implementation, monitoring and evaluation of this and other Ministry programs, and for the management and planning of the health system generally.

I have discussed with the patient the purpose of the release of the patient's information to PharmaCare to obtain Special Authority for prescription benefit and for the purposes set out above.

Prescriber's Signature (Mandatory)

PharmaCare may request additional documentation to support this Special Authority request. Potential coverage is still subject to patient eligibility, annual deductibles, and the Low Cost Alternative pricing program (if applicable).

PHARMACARE USE ONLY

Form section for PharmaCare use only with fields for status, effective date, and duration of approval.