



For up to date criteria and forms, please check: [www.gov.bc.ca/pharmacarespecialauthority](http://www.gov.bc.ca/pharmacarespecialauthority)

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.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition.

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 for Section 1: Prescriber Information. Includes fields for Name and Mailing Address, Mail Confirmation, College ID, MSP Number, Phone Number, and Prescriber's Fax Number. A 'CRITICAL FOR A TIMELY RESPONSE' callout points to the fax number field.

SECTION 2 - PATIENT INFORMATION

Form for Section 2: Patient Information. Includes fields for Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, and Personal Health Number (PHN). A 'CRITICAL FOR PROCESSING' callout points to the PHN field.

SECTION 3 - DIAGNOSIS FOR REQUESTED MEDICATION

Form for Section 3: Diagnosis for Requested Medication. Includes a heading 'THE MEDICATION REQUESTED BELOW IS PRESCRIBED FOR THE TREATMENT OF (CHECK ONE OF THE FOLLOWING DIAGNOSES):' and a list of checkboxes for various conditions like GERD, Zollinger-Ellison Syndrome, etc.

REQUESTED MEDICATION (COMPLETE EITHER SECTION 4 OR 5)

SECTION 4

Form for Section 4: Fully Covered Reference Drugs. Includes a checkbox for 'Fully Covered Reference Drugs' and a list of drug options: pantoprazole magnesium 40 mg and rabeprazole 10 mg and 20 mg.

OR

SECTION 5

Form for Section 5: Partially Covered Non-Reference Drugs. Includes a checkbox for 'Partially Covered Non-Reference Drugs' and a list of drug options with trial durations. Includes a note: 'for full coverage status after failure of minimum 4 week trials of rabeprazole AND pantoprazole magnesium at adequate doses.'

Personal information on this form is collected, used and disclosed under the authority of, and in accordance with, the British Columbia Pharmaceutical Services Act and Freedom of Information and Protection of Privacy Act. It will not be disclosed to any persons without the patient's consent.

I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.

Prescriber's Signature (Mandatory)

PharmaCare may request additional documentation to support this Special Authority request.

Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

Table for Pharmacist Use Only with columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL