



Initial Coverage and Renewal checkboxes

For up to date criteria and forms, please check: 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 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 - SPECIALIST INFORMATION

Specialist's Name and Mailing Address, Mail Confirmation, College ID, MSP Number, Phone Number, Specialist's Fax Number, CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), CRITICAL FOR PROCESSING

SECTION 3 - CONFIRMATION OF COVERAGE (for Initial Coverage, fill out 3A and 3B; for Renewal, fill out 3A and 3C)

3A. FOR BOTH INITIAL COVERAGE AND RENEWAL:

- Prescribed by an endocrinologist or a specialist physician with experience in managing pumps in children and young adults. Patient and family have access and agree to comprehensive age-appropriate diabetes education by an interdisciplinary diabetes healthcare team. Patient is 25 years of age or younger. Patient has type 1 diabetes or other form of diabetes requiring the use of insulin (specify)

3B. FOR INITIAL COVERAGE:

- Patient and family have been checking blood glucose at a minimum of four times daily and is recording results. Patient does not own a pump with an active warranty. And at least one of the following: Patient has frequent hypoglycemic episodes, or Patient has frequent diabetic ketoacidosis episodes, or Patient has unpredictable swings in blood glucose.

3C. FOR RENEWAL:

- A copy of the letter from the supplier confirming purchase date of the previous insulin pump for the patient is attached. Patient has experienced no more than 1 diabetic ketoacidosis episode in the last 12 months (if more, please provide explanation on page 2) A1C is less than or equal to 9.0% on two occasions; one within 1 month prior to application and another 4 - 6 months prior. Copies of these lab reports are attached.

A1C: \_\_\_\_\_ Date: \_\_\_\_\_ A1C: \_\_\_\_\_ Date: \_\_\_\_\_

Report all adverse events to Canada Vigilance toll-free 1-866-234-2345 (health professionals only).

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.

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 with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL

**ADDITIONAL COMMENTS (IF NECESSARY)**

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