



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 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 section for prescriber information including fields for name and mailing address, mail confirmation, college ID, MSP number, phone number, and prescriber's fax number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' warning.

SECTION 2 - PATIENT INFORMATION

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

SECTION 3 - MEDICATION REQUESTED

Form section for medication requested with checkboxes for Insulin Glargine 100 u/mL and Insulin Detemir 100 u/mL.

SECTION 4 - CRITERIA FOR INDEFINITE COVERAGE

Form section for criteria for indefinite coverage with checkboxes for diabetic status and insulin management criteria. Includes a section for insulin tried and details of reaction.

Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).

Form section containing a privacy statement and a declaration by the prescriber regarding the purpose of releasing patient information to PharmaCare.

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), and DURATION OF APPROVAL.