



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

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Incomplete or illegible forms will be returned for completion.

SECTION 1 - PATIENT INFORMATION

Table with 3 columns: PATIENT LAST NAME, PATIENT FIRST NAME, PATIENT PHN

SECTION 2 - PHARMACIST INFORMATION

Table with 3 columns: PHARMACIST NAME, PHARMACY CODE, PHARMACY TELEPHONE, PHARMACY FAX, DATE OF REQUEST (YYYY / MM / DD)

SECTION 3 - COMPOUND COSTING

Complex form with sections A (Compound Composition), B (Compound Ingredient Details), C (Time to Compound), and D (Additional Allowable Equipment and Supply Expenses). Includes a table for ingredient details with columns for name, strength, quantity, and cost.

\* SEE PAGE 2 FOR ALLOWABLE COST DETAILS.

\*\* DOES NOT INCLUDE SETUP, CLEANUP AND ADMINISTRATIVE TIME.

\*\*\* PROVIDE ACTUAL ACQUISITION COST. SEE "EQUIPMENT AND SUPPLY EXPENSES" IN SECTION 5.13—COMPOUNDED PRESCRIPTIONS OF THE PHARMACARE POLICY MANUAL FOR DETAILS.

SECTION 4 - PHARMACARE USE ONLY

Form for Pharmacist-Patient use only, including fields for amount covered, use pin, coverage duration, and notes.

Personal information on this form is collected for the purpose of determination, by the Ministry of Health, of the eligibility of the patient for PharmaCare benefits. 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. Personal information will be used and disclosed in accordance with the privacy protection provisions of the Freedom of Information and Protection of Privacy Act.

# COMPLETING THIS WORKSEET

## **BEFORE YOU BEGIN...**

All compounded prescriptions are subject to the policies in Section 5.13 – Compounded Prescriptions in the PharmaCare Policy Manual.

A Compound Costing Worksheet must be completed and submitted for every compound that requires Special Authority.

Special Authority coverage for non-benefit compounded prescriptions can be approved only when a medical practitioner prescribes the compound and completes and submits a General Special Authority Request form.

**Palliative care compounds:** *A copy of the prescription may suffice as supporting documentation for Special Authority Requests for certain palliative care compounds. Contact the PharmaNet HelpDesk to determine the documents required for particular palliative care compounds.*

For details, see Section 5.13 – Compounded Prescriptions – Special Authority for Non-benefit Compounds in the PharmaCare Policy Manual. If you have any questions, contact the PharmaNet Help Desk.

## **COMPLETING THE FORM...**

- Complete a separate costing worksheet for each compound prescribed to a patient.
- Ensure all information on the form is legible.  
*Tip: Block print or use the Fill and Print online feature of this form.*
- **Section 1 – Patient Information:** Provide both the patient's Personal Health Number (PHN) and name. Requests submitted without a PHN cannot be processed.
- **Section 2 – Pharmacist Information:** Complete ALL fields so we can contact you in case we have questions.
- **Section 3 – Compound Costing:** In Section 3.A, match your description of the compound's active ingredient(s), concentration, dosage form and final volume/quantity to that on the prescriber's prescription or Special Authority form.

## **CALCULATING COSTS**

When calculating costs for ingredients:

- claim only the actual quantities used, and
- claim only the allowable cost as set forth in Section 5.13 – Compound Prescriptions in the PharmaCare Policy Manual.

Note: If the product is a generic or brand name drug subject to the LCA or RDP programs, PharmaCare will cover only up to the LCA/RDP maximum allowable price.

Before claiming costs for equipment and supply expenses:

- confirm that the expense is eligible for reimbursement (see Section 5.13 – Compounded Prescriptions – Equipment and Supply Costs), and
- list each item and its actual acquisition cost (do not claim a markup or other additional cost).