



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' callout.

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' callout.

SECTION 3 - MEDICATION DETAIL INFORMATION

INITIAL: Donepezil (must be tried before Galantamine or Rivastigmine)

Required range for all requests: Standardized Mini-Mental State Score (SMMSE): >=10 to <=26; Global Deterioration Scale (GDS) stage: >=4 to <=6.

- Donepezil (5 mg to 10 mg daily); initial coverage is for 6 months only - initial request requires a diagnosis of mild-moderate Alzheimer's disease with or without Parkinsonian features (Lewy bodies), vascular component or mixed dementia diagnosis
Unable to complete SMMSE because of functional illiteracy

SWITCHING: Galantamine or Rivastigmine (switching due to intolerance only)

- Switching due to ineffectiveness is not eligible for coverage because there is limited evidence that another product will provide added benefit.
Required range for all requests: Standardized Mini-Mental State Score (SMMSE): >=10 to <=26; Global Deterioration Scale (GDS) stage: >=4 to <=6.
Initial coverage is for 6 months.
Donepezil must have been tried prior to request for Galantamine or Rivastigmine.
Galantamine (16 mg to 24 mg daily): switch from Donepezil or Rivastigmine
Rivastigmine Oral Tablets (6 mg to 12 mg daily): switch from Donepezil or Galantamine

Intolerance Details Required - please list nature and severity of intolerance

RENEWAL: Donepezil, Galantamine or Rivastigmine

- Required range for all requests: Standardized Mini-Mental State Score (SMMSE): >=10 to <=26; Global Deterioration Scale (GDS) stage: >=4 to <=6.
Renewal is for one year for first renewal, and consideration for indefinite coverage on second renewal.
Donepezil (5 mg to 10 mg daily)
Galantamine (16 mg to 24 mg daily)
Rivastigmine Oral Tablets (6 mg to 12 mg daily)

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. The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

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), and DURATION OF APPROVAL.