



Fax this form, along with the completed Identification and Declaration, Intravenous Drug Regimen and the Oral Drug Regimen sections of the British Columbia Medical Assistance in Dying Prescription to the Ministry of Health Special Authority at 1-800-609-4884.

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 the 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 purpose.

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, address, college/MSP number, phone number, and fax number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' callout.

SECTION 2 - PATIENT INFORMATION

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

Personal information on this form is collected 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 USE ONLY

Form section for PharmaCare use only with fields for status, effective date, and duration of approval.