



\*\* PharmaCare defines exceptional last resort as situations where all commercially available alternatives have been tried unsuccessfully or when there are absolutely no commercially available alternatives.

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 fields for Section 1: Prescriber's Name and Mailing Address, Mail Confirmation, College ID or MSP Number, Phone Number, Prescriber's Fax Number.

SECTION 2 - PATIENT INFORMATION

Form fields for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN).

SECTION 3 - COMPOUND INFORMATION

Form fields for Section 3: New Request/Renewal, Active Ingredients, Concentration, Dosage Form, Dosage and Regimen, Name of Compounding Pharmacy, Phone Number.

PharmaCare requires a copy of the compounding pricing and current prescription from this pharmacy before adjudication can be completed.

PLEASE COMPLETE ALL SECTIONS BELOW. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET. PLEASE NOTE THAT COVERAGE FOR COMPOUNDS TO REPLACE MANUFACTURER'S SHORTAGES ARE NOT AUTOMATICALLY PROVIDED.

A: DIAGNOSIS (include details of severity)

B: ALL PREVIOUSLY TRIED THERAPIES AND RESULTS (drugs, dose, duration, outcomes and pertinent non-drug therapies as applicable)

C: RATIONALE FOR LAST RESORT COMPOUND USE

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

Form fields for PharmaCare Use Only: Status, Effective Date (YYYY / MM / DD), Duration of Approval.