



SPECIAL AUTHORITY REQUEST DEFERIPRONE AND DEFERASIROX COVERAGE INITIAL AND RENEWAL

HLTH 5407 Rev. 2018/12/03

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

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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 - HEMATOLOGIST INFORMATION

NAME AND MAILING ADDRESS, COLLEGE ID OR MSP NUMBER, PHONE NUMBER, FAX NUMBER, CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

PATIENT (FAMILY) NAME, PATIENT (GIVEN) NAME(S), DATE OF BIRTH, DATE OF APPLICATION, PERSONAL HEALTH NUMBER (PHN), CRITICAL FOR PROCESSING

SECTION 3 - CRITERIA FOR ANNUAL COVERAGE

PRESCRIBED/ASSESSED BY A HEMATOLOGIST, INITIAL REQUEST, RENEWAL REQUEST, PATIENT SPECIFIC CRITERIA, MEDICATION AND DIAGNOSIS, LAB REPORT, FERRITIN, LIC

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

STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL