

## PHARMACARE SPECIAL AUTHORITY REQUEST

HLTH 5328 Rev. 2019/09/30

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.

Patient (Family) Name    Patient (Family) Name	1 - PRESCRIBER INFORMATION SE	ECTION 2 – PATIENT INFORMATION
□ CPSBC OR □ CRNBC License# (not MSP#) Phone Number (include area code)  □ CRITICAL FOR A TIMELY RESPONSE → Prescriber's Fax Number  CRITICAL FOR PROCESSING → Personal Health Number (PHN)  SECTION 3 - MEDICATION DETAIL INFORMATION  □ NEW REQUEST □ RENEWAL □ DOSE AND REGIMEN  Date of Birth (YYYY / MM / DD)  Personal Health Number (PHN)  Personal Health Number (PHN)  DOSE AND REGIMEN  INDICATION(S) FOR SPECIAL AUTHORITY (PLEASE CHECK ALL THAT APPLY, AND SPECIFY WITH SUPPORTING DETAILS)	Name and Mailing Address	atient (Family) Name
CRITICAL FOR A TIMELY RESPONSE  Prescriber's Fax Number  CRITICAL FOR PROCESSING  Personal Health Number (PHN)  CRITICAL FOR PROCESSING  Personal Health Number (PHN)  DOSE AND REGIMEN  INDICATION(S) FOR SPECIAL AUTHORITY (PLEASE CHECK ALL THAT APPLY, AND SPECIFY WITH SUPPORTING DETAILS)		atient (Given) Name(s)
CRITICAL FOR A TIMELY RESPONSE  SECTION 3 - MEDICATION DETAIL INFORMATION  NEW REQUEST RENEWAL  INDICATION(S) FOR SPECIAL AUTHORITY (PLEASE CHECK ALL THAT APPLY, AND SPECIFY WITH SUPPORTING DETAILS)	R ☐ CRNBC License# (not MSP#) Phone Number (include area code) Da	rate of Birth (YYYY / MM / DD)  Date of Application (YYYY / MM / DD)
NEW REQUEST RENEWAL  INDICATION(S) FOR SPECIAL AUTHORITY (PLEASE CHECK ALL THAT APPLY, AND SPECIFY WITH SUPPORTING DETAILS)	FOR A CR	RITICAL FOR
NEW REQUEST RENEWAL INDICATION(S) FOR SPECIAL AUTHORITY (PLEASE CHECK ALL THAT APPLY, AND SPECIFY WITH SUPPORTING DETAILS)		
	QUEST	OOSE AND REGIMEN
Diagnosis requiring use Previously tried therapies, and response Patient-specific contraindications to alternatives (if applicable)	N(S) FOR SPECIAL AUTHORITY (PLEASE CHECK ALL THAT APPLY, AND S	SPECIFY WITH SUPPORTING DETAILS)
information you provide will be relevant to and used solely to (a) provide PharmacCare 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	accordance with, the <i>British Columbia Pharmaceutical Services Act</i> and <i>Freedom of Information and Protection of Privacy Act</i> . 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	formation to PharmaCare is to obtain Special Authority for prescription
pharmacist concerning the Special Authority process.  Prescriber's Signature (Mandatory)		escriber'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 p		
PHARMACARE USE ONLY		
STATUS EFFECTIVE DATE (YYYY / MM / DD) DURATION OF APPROVAL	EFFECTIVE DATE (	(YYYY / MM / DD) DURATION OF APPROVAL