



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 privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

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.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

SECTION 1 - PRESCRIBER INFORMATION

Form for Section 1 containing fields for Prescriber Name and Clinic Address, College ID, Phone Number, and Prescriber's Fax Number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' callout.

SECTION 2 - PATIENT INFORMATION

Form for Section 2 containing 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) Initial coverage is for 6 months.

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

DONEPEZIL: 9901-0087

(5 mg to 10 mg daily); 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) Initial coverage is for 6 months.

- 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.
Donepezil must have been tried prior to request for Galantamine or Rivastigmine.

GALANTAMINE: 9901-0085

(16 mg to 24 mg daily): switch from Donepezil or Rivastigmine

RIVASTIGMINE ORAL TABLETS: 9901-0086

(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

Renewal is for one year for first renewal, and consideration for indefinite coverage on second renewal.

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

DONEPEZIL: 9901-0087

(5 mg to 10 mg daily)

GALANTAMINE: 9901-0085

(16 mg to 24 mg daily)

RIVASTIGMINE ORAL TABLETS: 9901-0086

(6 mg to 12 mg daily)

Personal information on this form is collected under the authority of, and in accordance with, the British Columbia Pharmaceutical Services Act 22(1) and Freedom of Information and Protection of Privacy Act 26 (a),(c),(e). The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally.

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), DURATION OF APPROVAL