



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

Name and Mailing Address
College ID (use ONLY College ID number)
Phone Number (include area code)
Prescriber's Fax Number
CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name
Patient (Given) Name(s)
Date of Birth (YYYY / MM / DD)
Date of Application (YYYY / MM / DD)
Personal Health Number (PHN)
CRITICAL FOR PROCESSING

SECTION 3 - DIAGNOSIS FOR REQUESTED MEDICATION

THE MEDICATION REQUESTED BELOW IS PRESCRIBED FOR THE TREATMENT OF (CHECK ONE OF THE FOLLOWING DIAGNOSES):
GASTROESOPHAGEAL REFLUX DISEASE (GERD), OR
REFLUX ESOPHAGITIS, OR
DUODENAL ULCER, OR
GASTRIC ULCER, OR
BARRETT'S ESOPHAGUS, OR
ZOLLINGER-ELLISON SYNDROME, OR
CONNECTIVE TISSUE DISEASE (E.G., LUPUS, SCLERODERMA, CREST), OR
ERADICATION OF HELICOBACTER PYLORI, AS PART OF TRIPLE THERAPY (MAXIMUM 14 DAY APPROVAL), OR
OTHER (SPECIFY)

REQUESTED MEDICATION (COMPLETE EITHER SECTION 4, 5 OR 6)

SECTION 4 9901-0078

Fully Covered Reference Drugs
pantoprazole magnesium 40 mg tablets
rabeprazole 10 mg, 20 mg tablets

SECTION 5 9901-0054

Partially Covered Non-Reference Drugs
esomeprazole 20, 40 mg regular or water dispersible tablets
lansoprazole 15, 30 mg capsules or orally disintegrating tablets
omeprazole 20 mg capsules or tablets
pantoprazole sodium 40 mg tablets
Trial Durations
rabeprazole:
pantoprazole magnesium:
for full coverage status after failure of minimum 4 week trials of rabeprazole AND pantoprazole magnesium at adequate doses.

SECTION 6 - COMPOUNDED SUSPENSION

Omeprazole
Lansoprazole
Dose, frequency:
Patient is unable to use commercially available products in Section 5 (including opening capsules or using water-dispersible or orally disintegrating formulations). Provide information supporting contraindication below:
prescribed dose is commercially unavailable
other:

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. 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 about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

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

9901-0078 NB4 + 9901-0054

Table with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL