



SPECIAL AUTHORITY REQUEST
PEGINTERFERON PLUS RIBAVIRIN
FOR CHRONIC HEPATITIS C IN NAIVE PATIENTS

HLTH 5356 Rev. 2016/10/20

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 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 section for prescriber information including fields for name, mailing address, college ID, MSP number, phone number, and prescriber's fax number.

SECTION 2 - PATIENT INFORMATION

Form section for patient information including fields for patient name, date of birth, date of application, and personal health number.

SECTION 3 - BACKGROUND DIAGNOSTIC INFORMATION

For the treatment of Chronic Hepatitis C genotype 2, 3, 4, 5, or 6 in treatment-naive patients who meet all the following criteria:

- Checkboxes for criteria: patient confirmed PCR positive, genotype 2 or 3 coverage, genotype 4, 5, or 6 coverage, and fibrosis stage F2 or greater.

Not eligible for coverage:

- 1. Patients who have contraindications to peginterferon alfa plus ribavirin or are at high risk of non-compliance to the treatment.
2. Non treatment-naive patients.

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

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