BRITISH COLUMBIA | Ministry of Health

FREQUENT DISPENSING AUTHORIZATION

Note: As daily dispensing must always be authorized by the prescriber, this form is not required for daily dispensing, nor is it required if the prescriber has authorized 2 to 27 days' supply. This form is valid for one year.

PATIENT INFORMATION

Patient Last Name	Patient First Name	Personal Health (CareCard) Number

Frequency of Dispensing

☐ Weekly ☐ Bi-Weekly ☐ Other (specify):

PHARMACY INFORMATION

Name of Pharmacy	Fax Number (including area code)

RATIONALE FOR FREQUENT DISPENSING

To qualify for coverage of additional dispensing fees for more frequent dispensing of a drug(s), a patient must be unable to manage their drug therapy independently. The patient must exhibit one or more of the following (please select all that apply):

- ☐ Cognitive impairment
- ☐ History of abuse or poor compliance
- ☐ No support structure (to assist with administration of drug therapy)
- ☐ Risk of dependence
- ☐ Susceptible to theft or loss of belongings
- ☐ Complex medication regime
- ☐ Physical or mental disability
- ☐ Literacy issues
- ☐ Language issues
- ☐ Non-compliance or misuse is suspected

PATIENT DECLARATION - MUST BE SIGNED (Do NOT change text of authorization below)

I declare that I need PharmaCare coverage of additional dispensing fees for frequent dispensing of my medications for the reason(s) shown above. I also provide consent to notify my prescriber. I hereby consent to the release of this information to the Ministry of Health and/or Health Insurance BC. The information will be relevant to and used solely for the purpose of determining and administering my PharmaCare benefits. I understand that my PharmaNet records are subject to routine audits by the Ministry of Health to ensure compliance with the Frequency of Dispensing Policy.

Personal information on this form is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act*. For more information, contact Health Insurance BC. From Vancouver, call 604-683-7151. From the rest of BC call toll-free 1-800-663-7100.

☐ Legal Representative of Patient. Please check this box if you are the legal representative of the patient for whom the prescription is written and indicate the nature of your legal relationship with the patient: _____

nature of legal relationship to patient

_____ _____

signature of patient or representative (required) *date signed (dd / mm / yyyy)*

Only the patient or their legal representative may sign the form. It is not acceptable for a caregiver of the patient who is not the patient's legal representative to sign the form on behalf of the patient.

PHARMACIST DECLARATION OF PRESCRIBER NOTIFICATION - MUST BE INITIALLED

I declare that I have notified the prescriber:

_____ _____ _____

name of prescriber *pharmacist initials* *date initialled (dd / mm / yyyy)*

PRESCRIBER NOTIFICATION: In the pharmacist's opinion, this patient meets the above criteria for frequent dispensing. This form is intended as notfication only; ***no further action is necessary unless you disagree with this frequent dispensing decision*** (see PRESCRIBER RESPONSE, below). Note that if you take no action, it does not imply that you agree that the patient meets the clinical criteria indicated above.

PRESCRIBER RESPONSE (complete ONLY if you DISAGREE with the frequent dispensing for this patient)

If you **DISAGREE** with the frequent dispensing service for this patient, please complete the section below and fax to the pharmacy ***and*** to HIBC.

☐ I disagree with the frequent dispensing service for this patient as shown above.

_____ _____ _____

signature of prescriber *date signed (dd / mm / yyyy)* *prescriber pract/college ID #*

Fax this form to the pharmacy indicated above *AND* to Health Insurance BC at (250) 405-3599

Completed copies of this form must be retained on file in the pharmacy in accordance with the recordkeeping requirements established in the *Pharmacy Operations and Drug Scheduling Act, Health Professions Act* and any relevant College of Pharmacists of British Columbia Professional Practice Policies.

HLTH 5378 2012/09/24

PRINT RESET