



SPECIAL AUTHORITY REQUEST
APIXABAN / DABIGATRAN / RIVAROXABAN
FOR ATRIAL FIBRILLATION

HLTH 5391 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.

SECTION 1 - PRESCRIBER INFORMATION

Name and Mailing Address
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 - BACKGROUND DIAGNOSTIC INFORMATION

Patient has a diagnosis of non-valvular atrial fibrillation (patient does NOT have hemodynamically significant rheumatic valvular heart disease, especially mitral stenosis, or prosthetic heart valves), AND at least one CHADS2 related risk factor identified below. For patients 75 years of age or older renal function has been adequate (as defined below) as well as stable for at least 3 months.
Congestive heart failure, Hypertension, Age of at least 75 years, Diabetes Mellitus, Prior Stroke/transient ischemic event

SECTION 4 - MEDICATION AND DOSE SELECTION

APIXABAN: 9901-0233 (CrCL or eGFR of at least 25 mL/min)
DABIGATRAN: 9901-0192
RIVAROXABAN: 9901-0199

SECTION 5 - RESULTS OF A PAST TRIAL WITH WARFARIN OR CONTRAINDICATIONS TO WARFARIN

5A INADEQUATE ANTICOAGULATION AFTER A MINIMUM 2 MONTH WARFARIN TRIAL
5B ANTICOAGULATION WITH WARFARIN IS CONTRAINDICATED OR NOT POSSIBLE DUE TO:

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

STATUS EFFECTIVE DATE (YYYY / MM / DD) DURATION OF APPROVAL