



For up to date criteria and forms, please check: [www.gov.bc.ca/pharmacarespecialauthority](http://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

Form section for prescriber information including fields for name, address, college ID, MSP number, phone number, and fax number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' warning.

SECTION 2 - PATIENT INFORMATION

Form section for patient information including fields for family name, given name, date of birth, date of application, and personal health number. Includes a 'CRITICAL FOR PROCESSING' warning.

SECTION 3 - MEDICATION DETAIL INFORMATION

TICAGRELOR 90MG: 9901-0209

For coverage of ticagrelor 90 mg twice daily. Ticagrelor to be taken in combination with ASA 75-150 mg daily. Co-administration of ticagrelor with high maintenance dose ASA (> 150 mg daily) is not recommended.

- 3A Coverage for up to 12 months post failure on optimal clopidogrel and ASA dual therapy as defined by at least one of:
- definite stent thrombosis\* after revascularization with percutaneous coronary intervention (PCI).
- recurrent ST or non-ST elevation myocardial infarction (STEMI or NSTEMI) after revascularization with percutaneous coronary intervention (PCI).
- recurrent unstable angina after revascularization with percutaneous coronary intervention (PCI).

OR

- 3B Coverage for up to 12 months; undergoing revascularization via percutaneous coronary intervention (PCI) secondary to ST or non-ST elevation myocardial infarction (STEMI or NSTEMI) or unstable angina.

\* Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent, or a visible thrombus within the stent, or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours. Definite stent thrombosis must be confirmed by angiography or by pathologic evidence of acute thrombosis.

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.