



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

Form for Section 1: Prescriber's Name and Mailing Address, Mail Confirmation checkbox, CPSBC/CRNBC License# (not MSP#) checkboxes, Phone Number, Prescriber's Fax Number, and CRITICAL FOR A TIMELY RESPONSE label.

SECTION 2 - PATIENT INFORMATION

Form for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), and CRITICAL FOR PROCESSING label.

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. 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

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