



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/DIABETES EDUCATION CENTRE

Form section for prescriber information including fields for name, address, 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, and date of application. Includes a 'CRITICAL FOR PROCESSING' warning.

SECTION 3 - BLOOD GLUCOSE TEST STRIP CRITERIA INFORMATION

- Approvals through this Special Authority Request form are limited to a maximum of 100 additional strips per calendar year.
Patients taking insulin are not eligible for coverage of 100 additional strips using this form.
Additional information regarding the Blood Glucose Test Strip policy can be found at: www.health.gov.bc.ca/pharmacare/policy.html

REQUIREMENTS:

Patient has diabetes, is not on insulin, and is experiencing at least one of the following:

- Not meeting glycemic targets, as determined by physician, for 3 months or more.
Acute illness or co-morbidities that may impact blood glucose control.
Changes in drug therapy that may impact blood glucose control (e.g. starting or stopping hypo or hyperglycemic inducing medications, drug-to-drug or drug-to-disease interactions).
Occupations where hypoglycemia presents a significant safety risk (e.g., pilots, air traffic controllers, commercial drivers, etc.).
Gestational diabetes.

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.

Clinician'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 TERMINATION DATE (YYYY / MM / DD).