



SPECIAL AUTHORITY REQUEST ADDITIONAL BLOOD GLUCOSE TEST STRIPS

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 privileged and contains confidential information intended only for PharmaCare. Any other distribution, copying or disclosure is strictly prohibited.

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.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

SECTION 1 – PRESCRIBER/DIABETES EDUCATION CENTRE

Name and Mailing Address	
<input type="radio"/> College ID <input type="radio"/> PharmaCare DEC Code	Phone Number (include area code)
CRITICAL FOR A TIMELY RESPONSE →	Prescriber's Fax Number

SECTION 2 – PATIENT INFORMATION

Patient (Family) Name	
Patient (Given) Name(s)	
Date of Birth (YYYY / MM / DD)	Date of Application (YYYY / MM / DD)
CRITICAL FOR PROCESSING →	Personal Health Number (PHN)

SECTION 3 – BLOOD GLUCOSE TEST STRIP CRITERIA INFORMATION

+100 BGTS: 9901-0245

- Approvals through this Special Authority Request form are limited to a maximum of 100 additional strips per calendar year.
- Patients taking insulin and not using a Glucose Monitoring System 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 OR patient has diabetes, is on insulin and is using a Glucose Monitoring System, 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 under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act 22(1)* and *Freedom of Information and Protection of Privacy Act 26 (a),(c),(e)*. The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection 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.

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

STATUS	EFFECTIVE DATE (YYYY / MM / DD)	TERMINATION DATE (YYYY / MM / DD)
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