



** PharmaCare defines exceptional last resort as situations where all commercially available alternatives have been tried unsuccessfully or when there are absolutely no commercially available alternatives.

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

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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 - PATIENT INFORMATION

Form with fields: PATIENT LAST NAME, PATIENT FIRST NAME(S), PERSONAL HEALTH NUMBER (PHN), DATE OF BIRTH (YYYY / MM / DD)

SECTION 2 - PHARMACY INFORMATION

Form with fields: PHARMACY NAME, PHARMACY CODE, TELEPHONE NUMBER, FAX NUMBER, DATE OF REQUEST (YYYY/MM/DD)

SECTION 3 - PRESCRIPTION

Copy of current prescription is attached

SECTION 4 - COMPOUND COMPOSITION, INGREDIENT DETAILS AND COSTING (provide actual acquisition cost)

Table with columns: INGREDIENT NAME, INGREDIENT STRENGTH, QUANTITY IN COMPOUND, COST FOR QUANTITY USED. Includes sub-sections A, B, C, D and summary rows for total costs.

Compound approvals are site specific and for the exact preparation above. Any changes require submission of a new costing form for authorization prior to billing PharmaCare. The patient's plan eligibility and deductibles are in effect. PharmaCare may request additional documentation to support this Special Authority request.

PHARMACARE USE ONLY

Form with fields: MAXIMUM TO BE BILLED TO PHARMACARE FOR INGREDIENTS, SUPPLIES AND COMPOUNDING FEE, USE PIN, COVERAGE DURATION