PHARMACARE COMPOUND COSTING WORKSHEET **EXCEPTIONAL - LAST RESORT ONLY

HLTH 5425 Rev. 2017/07/12

** 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

Ministry of

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 – PATIENT INFORMATION

British

OLUMBIA | Health

SECTION 2 – PHARMACY INFORMATION

PATIENT LAST NAME	PATIENT FIRST NAME(S)	PHARMACY NAME		PHARMACY CODE
PERSONAL HEALTH NUMBER (PHN)	DATE OF BIRTH (YYYY / MM / DD)	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)

A	COMPOUND ACTIVE INGREDIENTS, CONCENTRATION, DOSAGE FORM	FINAL VOLUME/QUANTITY	DOSAGE FORM		
	INGREDIENT NAME	INGREDIENT STRENGTH	QUANTITY IN COMPOUND	COST FOR QUANTITY USED	
в					
c	DAYS SUPPLY	1. TOTAL COST OF INGREDIENTS			
		2. COMPOUNDING FEE			
	* ADDITIONAL ALLOWABLE EQUIPMENT AND SUPPLY EXPENSES (LIST EACH ITEM AND COST)				
D					
	* See "Equipment and Supply Expenses" in Section 5.13 - Compound Prescriptions of the PharmaCare Policy Manual for details.	3. TOTAL COST OF E	QUIPMENT AND SUPPLIES		

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

MAXIMUM TO BE BILLED TO PHARMACARE	USE PIN	COVERAGE DURATION
FOR INGREDIENTS, SUPPLIES AND COMPOUNDING FEE. YOU MAY ALSO BILL YOUR USUAL DISPENSING FEE.		

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.