



DALTEPARIN OR TINZAPARIN FOR TREATMENT OF VENOUS THROMBOEMBOLISM IN CANCER PATIENTS

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 section for prescriber information including name, address, college/MSP numbers, phone number, and fax number.

SECTION 2 - PATIENT INFORMATION

Form section for patient information including family name, given name, date of birth, date of application, and personal health number.

SECTION 3 - MEDICATION DETAIL INFORMATION

Form section for medication details including requested medication (Dalteparin or Tinzaparin), duration requested, and dose/regimen.

Complete both section A and section B

A) INDICATION: TREATMENT OF VENOUS THROMBOEMBOLISM ASSOCIATED WITH CANCER

Patient currently has an active VTE. Date of most recent VTE: _____

B) RATIONALE TO AVOID USE OF ORAL THERAPY WITH WARFARIN (please check one of the following options):

- Options for rationale to avoid warfarin: Failure on warfarin therapy, Intolerant to warfarin therapy, Drug interaction with warfarin, Other (diagnosis of cancer alone does not meet criteria for PharmaCare coverage).

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.

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

Form section for PharmaCare use only including status, effective date, and duration of approval.