



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 - PRESCRIBER INFORMATION

Form section for prescriber information including fields for name and mailing address, college ID, MSP number, phone number, and prescriber's fax number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' warning.

SECTION 2 - PATIENT INFORMATION

Form section for patient information including fields for patient (family) name, patient (given) name(s), date of birth, date of application, and personal health number (PHN). Includes a 'CRITICAL FOR PROCESSING' warning.

SECTION 3 - COVERAGE CRITERIA FOR RIFAXIMIN, 550 MG TWICE DAILY: 6 MONTHS RIFAXIMIN 550MG: 9901-0293

Form section for coverage criteria with checkboxes for prescriber type, combination with lactulose, hospitalization with HE, and adequate control of lactulose.

Form section containing a privacy statement and a mandatory signature line for the prescriber.

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 with fields for status, effective date, and duration of approval.