



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

Name and Mailing Address, Mail Confirmation, CPSBC OR CRNBC License#, Phone Number, Prescriber's Fax Number, CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), CRITICAL FOR PROCESSING

REFERENCE ARBs (Complete Sections 1-3) NON-REFERENCE ARBs (Complete Sections 1, 2, 4A and if applicable 4B)

Please note: Coverage provided for PharmaCare eligible formulations. Most strengths and combination products are eligible for coverage; however some formulations (such as candesartan 4 mg) are not PharmaCare benefits.

SECTION 3 - REFERENCE ARBs (FULL COVERAGE)

Patient has experienced intractable cough or angioedema on an Angiotensin Converting Enzyme Inhibitor (ACE-I), MEDICATION REQUESTED (SELECT ONE), CANDESARTAN, LOSARTAN, TELMISARTAN, VALSARTAN

SECTION 4 - NON-REFERENCE ARBs (PARTIAL OR FULL COVERAGE)

4A. Patient has experienced intractable cough or angioedema on an Angiotensin Converting Enzyme Inhibitor (ACE-I), MEDICATION REQUESTED (SELECT ONE), EPROSARTAN, OLMESARTAN, IRBESARTAN, 4B. For consideration of FULL coverage of non-reference ARBs ALL reference ARBs must have been unsuccessfully tried as below: REFERENCE ARB, CANDESARTAN, LOSARTAN, TELMISARTAN, VALSARTAN, Discontinued due to: Failure, Intolerance, Approximate Dates of Trials

SECTION 5 - ADDITIONAL COMMENTS FOR CONSIDERATION OF COVERAGE

Empty box for additional comments

SECTION 6 - PRESCRIBER SIGNATURE PharmaCare may request additional documentation to support this Special Authority request.

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)

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

9901-0057 NB4 + 0024-0057

STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL