

## SPECIAL AUTHORITY REQUEST INTRAVENOUS IRON FOR IRON DEFICIENCY ANEMIA

HLTH 5818 2021/09/28

For up-to-date criteria and forms, please check: <a href="www.gov.bc.ca/pharmacarespecialauthority">www.gov.bc.ca/pharmacarespecialauthority</a>

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 MISDIRECTED 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 device 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	SECTION 2 – PATIENT INFORMATION					
Name and Mailing Address	Patient (Family) Name					
	Patient (Given) Name(s)					
College ID (use ONLY College ID number)  Phone Number (include area code)	Date of Birth (YYYY / MM / DD)  Date of Application (YYYY / MM / DD)					
CRITICAL FOR A TIMELY RESPONSE  Prescriber's Fax Number	CRITICAL FOR PROCESSING  Personal Health Number (PHN)					
SECTION 3 - MEDICATION REQUESTED						
Iron Sucrose (20mg/mL) 9901-0380 Initial: One course of treatment up to a maximum cumulative dose of 1,000mg (must be filled within 28 days)  Iron Isomaltoside (100mg/mL) 9901-0379 Initial: One course of treatment up to a maximum cumulative dose of 2,000mg (must be filled within 28 days)						
Renewal: One course of treatment at a minimum	um of 4 weeks after the dispense of the initial dose					
SECTION 4 – CRITERIA FOR COVERAGE (duration: one course of	f treatment)					
Approval for adult patients subject to ALL of the criteria below being met (mark boxes, and complete fields as applicable):    Patient has a documented diagnosis of iron deficiency anemia (IDA) confirmed by laboratory testing results (e.g., hemoglobin, ferritin, transferrin saturation)   Iron sucrose or iron isomaltoside must be administered in a setting where appropriate monitoring and management of hypersensitivity reactions can be provided  AND at least one of the following:   Patient has failed to respond to an adequate trial (minimum of 4 weeks) of at least one oral iron therapy  Oral iron tried and duration of trial:   Patient is intolerant to at least two oral iron therapies  Therapies tried and details of intolerance:   Patient has a contraindication to oral iron therapy (please select rationale below):   Patient has a contraindication to oral iron therapy (please select rationale below):   Patient has severe and/or chronic blood loss and the patient's IDA cannot be resolved through oral therapies   Other (please specify):						
Personal information on this form is collected under the authority of, and in accordance with, the <i>British Columbia Pharmaceutical Services Act</i> 22(1) and <i>Freedom of Information and Protection of Privacy Act</i> 26 (a),(c),(e). The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection 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.  PharmaCare may request additional documentation to support this Special Authority requ	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.

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