

PHARMACARE SPECIAL AUTHORITY REQUEST **ASTHMA TRIPLE INHALER (ICS-LABA-LAMA)**

HLTH 5824 Rev. 2021/06/08

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.

 $\label{eq:misdef} \mbox{MISDIRECTED across the front of the form and fax}$ toll-free to 1-800-609-4884, then destroy the pages received in error.

If you have received this fax in error, please write

 $If Pharma Care \ approves \ this \ Special \ Authority \ request, approval \ is \ granted \ solely \ for \ the \ purpose \ of \ covering \ prescription \ costs.$ PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or condition

SECTION 1 - PRESCRIBER INFORMATION Name and Mailing Address College ID (use ONLY College ID number) Phone Number (include area code) CRITICAL FOR A Prescriber's Fax Number CRITICAL FOR A PROCESSING PROCES	'''	pe returned for completion. If no prescriber fa	, , ,	PharmaCare will be unable to return a response.
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including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.

PHARMACARE USE ONLY

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