BRITISH COLUMBIA | Ministry of Health

PHARMACARE
iOAT DAM PHARMACY COVERAGE REQUEST

HLTH 5837 2025/03/19

Fax requests to 1-800-609-4884 (toll free) OR mail requests to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

If PharmaCare approves this 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 pharmacy fax or mailing address is provided, PharmaCare will be unable to return a response.

SECTION 1 – PHARMACY INFORMATION

Pharmacy Name and Mailing Address	
PharmaCare Site ID	Phone Number (include area code)
CRITICAL FOR A TIMELY RESPONSE →	Pharmacy Fax Number

SECTION 2 – PHARMACY MANAGER INFORMATION

Pharmacy Manager (Family) Name	
Pharmacy Manager (Given) Name(s)	
Pharmacist Registration ID Number	Date of Application (YYYY / MM / DD)

SECTION 3 – PHARMACY DETAIL INFORMATION

◯ New Request
◯ Renewal

Name of iOAT Program

Please select what pharmacy service is being provided to the Health Authority iOAT Program.

- ☐ Sterile compounding
- ☐ Immediate-use compounding
- ☐ Dispensing without any compounded product
- ☐ Dispensing outsourced compounded product

Select the Health Authority of the iOAT Program to which DAM will be dispensed.

- ◯ Fraser Health
- ◯ Interior Health
- ◯ Island Health
- ◯ Northern Health
- ◯ Vancouver Coastal Health

☐ I confirm that the pharmacy has a signed agreement with the Health Authority to provide iOAT DAM pharmacy services to the iOAT program mentioned above.

☐ I understand that coverage of pharmacy iOAT DAM products may be revoked by the Ministry of Health for any reason, including but not limited to failure to comply with the Ministry's requirements.

SECTION 4 – PHARMACY MANAGER'S SIGNATURE

Personal information on this form is collected under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act* 22(1) and *Freedom of Information and Protection of Privacy Act* 26 (a),(c),(e). The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating 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.

I certify that the purpose of releasing any information to PharmaCare is to obtain PharmaCare prescription coverage and for the purposes set out here.

Pharmacy Manager's Signature (Mandatory)

PharmaCare may request additional documentation to support this 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.

Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).

PHARMACARE USE ONLY

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

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