



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

Prescribers can request a list of patients they can meet with to discuss switching to a biosimilar.

A patient list for each drug identified will be sent to you within 14 days by fax. The list will include the first and last names of patients who have filled a prescription within the last 6 months for the drugs selected below, where you are the prescriber listed. The list will not identify the medications. You will need to cross-reference with patient files.

Not all of the patients on the list may be candidates for switching. The information is to help you identify patients who may benefit from switching to a biosimilar.

SECTION 1 – PRESCRIBER INFORMATION

MUST BE FULLY COMPLETED FOR PROCESSING

Table with 2 columns: Prescriber Full Legal Name, CPSBC or BCCNM Licence Number (Not MSP Number), Prescriber Mailing Address, Prescriber Fax Number, Prescriber Phone Number

SECTION 2 – INFORMATION REQUESTED

Form with 2 columns: Which best describes your practice? (radio buttons for General Practitioner, Nurse Practitioner, Endocrinologist, Other), Medication prescribed: (radio buttons for NovoRapid, Humalog), Note: The patient list(s) you receive will only be for these insulins.

SECTION 3 – SPECIALIST SIGNATURE

Form with 2 columns: 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 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. Prescriber's Signature (Mandatory), Date of Signature

PHARMACARE USE ONLY

Form with 1 column: STATUS

All fields on this form must be completed. Forms with missing information will be returned.

If you received this fax in error, please write "MISDIRECTED" across the front and fax to 1 800 609-4884. Then destroy the pages received in error.