



Fax completed requests to 1 800 609-4884 (toll free).

Prescribers can request a list of patients for whom they've prescribed ustekinumab.

A patient list 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 past 6 months for ustekinumab, where you are the prescriber listed.

SECTION 1 – PRESCRIBER INFORMATION

MUST BE FULLY COMPLETED

Prescriber Full Legal Name	CPSBC Licence Number (Not MSP Number)
Prescriber Mailing Address	
Prescriber Fax Number	Prescriber Phone Number

SECTION 2 – INFORMATION REQUESTED

Which best describes your practice?

Dermatologist

Other: _____

SECTION 3 – SPECIALIST 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 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

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.