



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

Prescribers can request a list of patients that they have prescribed the Xeljanz® brand of tofacitinib to and who have PharmaCare coverage for this medication.

A patient list will be sent to you by fax within two weeks. The list will include the full names of patients who filled a prescription within the past six months for the Xeljanz® brand of tofacitinib, where you are the prescriber listed.

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

SECTION 1 – PRESCRIBER INFORMATION

MUST BE FULLY COMPLETED

Form with fields: Prescriber Full Legal Name, CPSBC Licence Number (Not MSP Number), Prescriber Mailing Address, Prescriber Fax Number, Prescriber Phone Number

SECTION 2 – INFORMATION REQUESTED

Form with question: Which best describes your practice? and radio button options: Rheumatologist, Gastroenterologist, Other: _____

SECTION 3 – PRESCRIBER 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

Form with field: STATUS

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