



For up-to-date criteria and forms, please check: [www.gov.bc.ca/pharmacarespecialauthority](http://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.

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

Forms with information missing will be returned for completion. If no prescriber fax or mailing address is provided, PharmaCare will be unable to return a response.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

SECTION 1 – SPECIALIST’S INFORMATION

Name and Mailing Address  
College ID (use ONLY College ID number) Phone Number (include area code)  
Prescriber's Fax Number  
CRITICAL FOR A TIMELY RESPONSE

SECTION 2 – PATIENT INFORMATION

Patient (Family) Name  
Patient (Given) Name(s)  
Date of Birth (YYYY / MM / DD) Date of Application (YYYY / MM / DD)  
Personal Health Number (PHN)  
CRITICAL FOR PROCESSING

SECTION 3 – MEDICATION REQUESTED

Ferric Carboxymaltose: 50 mg/mL (18 yrs +) 9901-0510

SECTION 4 – CRITERIA FOR COVERAGE: 24 WEEKS

PharmaCare coverage is considered for ferric carboxymaltose for the treatment of iron deficiency in adult patients with heart failure when requested by a cardiologist or internal medicine specialist experienced in the management of chronic heart failure.

Approval subject to ALL of the criteria below being met (mark boxes, and complete fields as applicable):  
Patient has heart failure with New York Heart Association (NYHA) functional Class II or III symptoms  
Provide left ventricular ejection fraction (LVEF) (<= 40%): \_\_\_\_\_ Date of Echocardiogram: \_\_\_\_\_  
Provide ferritin level within the past 3 months<sup>1</sup> (<= 300 mcg/L): \_\_\_\_\_ (attach a copy of the lab report)  
Provide transferrin saturation within the past 3 months<sup>1</sup> (TSAT < 15%): \_\_\_\_\_ (attach a copy of the lab report)  
Ferric carboxymaltose must be administered in a setting where appropriate monitoring and management of hypersensitivity reactions can be provided.  
<sup>1</sup>For renewals, laboratory results provided must be completed after the patient’s most recent dose of ferric carboxymaltose to confirm ongoing need

SECTION 5 – ADDITIONAL COMMENTS (IF APPLICABLE)

Empty box for additional comments.

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

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.  
I have discussed with the patient that the purpose of releasing their information to PharmaCare is to obtain Special Authority for prescription coverage and for the purposes set out here.  
Cardiologist/ Internal Medicine Specialist Signature (Mandatory)

PharmaCare may request additional documentation to support this Special Authority 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.

PHARMACARE USE ONLY

Table with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL