



INITIAL Complete Sections 1 – 4A

RENEWAL Complete Sections 1 – 4B

For up-to-date criteria and forms, please check: 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 – OBSTETRICIAN-GYNECOLOGIST’S INFORMATION

Form for Section 1 containing fields for Prescriber's Name and Mailing Address, College ID, Phone Number, Specialist's Fax Number, and a 'CRITICAL FOR A TIMELY RESPONSE' indicator.

SECTION 2 – PATIENT INFORMATION

Form for Section 2 containing fields for Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), and a 'CRITICAL FOR PROCESSING' indicator.

SECTION 3 – MEDICATION REQUESTED

RELUGOLIX/ESTRADIOL/NORETHINDRONE ACETATE: 9901-0516

Form for Section 3 containing a checkbox for Relugolix / estradiol / norethindrone acetate and a note about treatment duration and combination use.

SECTION 4 – COVERAGE

Form for Section 4 containing options for 4A Initial Coverage and 4B Renewal Coverage, with specific criteria and a note about discontinuation.

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

Form for reporting adverse events, including a privacy notice and a signature line for the specialist.

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), and DURATION OF APPROVAL.