



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

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs.

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 - PRESCRIBER INFORMATION

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

SECTION 2 - PATIENT INFORMATION

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

SECTION 3 - MEDICATION DETAIL INFORMATION

PEGFILGRASTIM (pre-filled syringe): 9901-0511
Ziextenzo, Lapelga, Fulphila
6 mg/0.6 mL
Duration Requested (approval duration up to 6 months):
month(s)

SECTION 4 - INDICATION

4.1 [ ] For rescue of prolonged febrile neutropenia following chemotherapy...
Current ANC: Date:
4.2 [ ] For PRIMARY prophylaxis of febrile neutropenia...
[ ] For SECONDARY prophylaxis of febrile neutropenia...

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).
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.
Prescriber's 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

STATUS EFFECTIVE DATE (YYYY / MM / DD) DURATION OF APPROVAL