

SPECIAL AUTHORITY REQUESTS—Prescriber Checklist

When completing a Special Authority request, use this checklist as a reminder of what information PharmaCare needs to process your request.

REQUIREMENT	NOTES
General	
Appropriate Special Authority (SA) form chosen?	Select the appropriate form (either drug-specific or General SA Request) from the list at www.health.gov.bc.ca/pharmacare/sa/criteria/formsindex.html .
Request is for one patient and one drug only?	Because each request is tracked separately, requests for multiple drugs on a single form cannot be considered.
All sections completed?	Incomplete forms are returned for correction and resubmission without being processed.
All information legible?	Illegible forms are returned without being processed.
Form signed by prescriber ?	Only the prescriber's signature is acceptable.
Prescriber information	
Prescriber name and regulatory license/registration number?	E.g., CPSBC or other regulatory/licensing body, NOT your MSP Billing Number.
Prescriber contact information given?	FAX and phone numbers are required in case we need to contact you.
Patient information	
Patient's BC PHN verified and provided?	All healthcare information is tracked by PHN. If you do not provide the patient's PHN, or if the PHN is incorrect or too small to read, forms will be returned without being processed.
Patient's first and last names and date of birth provided?	This information is used to verify patient identity and, in certain instances, assist in determining coverage.
Requested medication	
All requested drug details provided?	Provide the following: <ul style="list-style-type: none"> • drug generic or brand name; • strength; • dose (e.g., number of tablets); • dosing regimen (e.g., Q8H, daily, etc.); • dosage form (especially if atypical dosage form such as liquid or dissolvable form); • duration; and • whether drug is a compound. Latin abbreviations are acceptable if legible.
Rationale for request	
Rationale for the request addresses all criteria or documentation requirements?	Explanation must clearly demonstrate that the patient meets all PharmaCare criteria for the drug or, where no criteria exist, must present a compelling case for coverage of the drug. See details for each type of request below.
<i>If requesting full coverage of a drug that is normally only partially covered (i.e., alternate to Reference Drug or Low-Cost Alternative)...</i>	
Reason(s) for requesting full-benefit coverage of your alternate drug provided?	Provide list of all Reference Drug Program and/or Low Cost Alternative Program tried to date, including details of patient response to each (for example, "Patient developed severe GI upset as side effect" or "Treatment failure: patient's blood pressure not controlled.") If the patient's circumstances preclude meeting the coverage criteria (e.g., contraindication or allergy to the full-coverage drugs), provide a detailed explanation.

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REQUIREMENT	NOTES
Rationale for request, continued	
<i>If requesting coverage for a Limited Coverage Drug...</i>	
Limited coverage drug's diagnostic and/or treatment criteria demonstrably met?	<p>Refer to specific criteria for the drug when completing the form; criteria are available at www.health.gov.bc.ca/pharmacare/sa/criteria/restricted/restrictedtable.html.</p> <p>Include details to demonstrate that patient meets diagnostic criteria.</p> <p>If treatment criteria have been specified (e.g., treatment failure or intolerance to at least one of the following: ASA-enteric, ibuprofen or naproxen), indicate how patient has met those criteria. Provide list of relevant medications tried to date, including details of patient response to each (for example, "Patient developed severe GI upset as side effect" or "Treatment failure: patient's blood pressure not controlled.")</p> <p>If the patient's circumstances preclude meeting the coverage criteria (e.g., contraindication or allergy to the criteria-specified medications, etc.) provide a detailed explanation.</p>
<i>If requested drug has to be compounded¹...</i>	
Name of compounding pharmacy included?	<p>Requests for compounding require both the appropriate SA Request from the prescriber and a Compound Costing Worksheet from the compounding pharmacist.</p> <p>Provide the name of the compounding pharmacy so we can match up the costing worksheet to your SA Request.</p>
Reason for requesting a compound clearly set forth?	<p>Explain why a compound, rather than a manufactured/commercially available, drug is required (e.g., need compounded product with differing drug composition due to change in route of administration; commercial products not available in doses suitable for an infant).</p> <p>Provide list of all commercially available medications tried to date and include details of patient response to each.</p> <p>If the patient's circumstances preclude use of any of the PharmaCare-covered medications, (e.g., contraindication or allergy to the criteria-specified medications, dosage not appropriate, etc.) provide a detailed explanation.</p> <p><i>Note:</i> Simply stating "drug shortage" is not a sufficient rationale for requesting compounding. When drug shortages exist, PharmaCare specifies which alternates it will cover as full benefits during the shortage and whether or not compounding will be covered.</p>
<i>If request is for a renewal/extension of coverage...</i>	
Rationale includes patient's progress to date?	Provide patient's response to/progress on the drug therapy.
Patient dosing regimen included?	Provide the patient's current dose and dosing regimen. If dose and/or regimen is changing, provide details.
<i>If requesting coverage for a drug that is not in the PharmaCare formulary</i>	
Rationale for request clearly demonstrates that all other PharmaCare-covered treatment options have been tried and that this drug is the patient's last resort?	<p>Non-benefit drugs are considered for coverage only on an exceptional, last-resort basis, generally when all available PharmaCare benefit options have been tried without success or are unsuitable for the patient and no other coverage options (e.g., Extended Health – Blue Cross) are available. Such requests must be submitted in two parts: the General SA Request form (with Sections 1, 2 and "Requested drug exemption" portion of Section 3 completed), AND a signed letter from the prescriber.</p> <p>The letter must include:</p> <ul style="list-style-type: none"> • patient diagnosis or indication • list of all medications tried to date, including dose; duration of trial; and either patient response to medication OR, if medications not tried, reasons for not doing so • anticipated outcome(s) of treatment with requested drug (e.g., physical symptoms, quality of life/function) • confirmation that patient has no other insurance that would cover any part of the drug's cost • any additional pertinent information

¹. A prescription may suffice as the supporting documentation for certain palliative care compounds. Contact the [PharmaNet HelpDesk](#) to determine the documentation required for a Special Authority for a particular palliative care compound.