



# SPECIAL AUTHORITY REQUEST

Fax requests in Victoria to 250-952-1065 or, from elsewhere in BC, to 1-800-609-4884 (toll free).  
OR mail requests to: Pharmacare, Box 9655, Stn Prov Govt, Victoria, BC V8W 9P2

This facsimile is Doctor-Patient privileged and contains confidential information intended only for Pharmacare. Any other distribution, copying or disclosure is strictly prohibited.  
If you have received this fax in error, please destroy it and notify us by telephone at 604-682-6849 in Vancouver/Lower Mainland, 250-952-2866 in Victoria or 1-800-554-0250 in the rest of BC (Monday to Friday, 8 a.m. to 8 p.m.).

- Use this form to request:
- Exemptions to the Reference Drug Program (RDP)
  - Exemptions to the Low-Cost Alternative Program (LCA)
  - Restricted Benefits

**Forms with information missing  
will be returned for completion.**

Should approval be granted for this Special Authority request, Pharmacare's authorization is solely for the purpose of providing prescription benefit for the cost of the requested medication. Pharmacare makes no representation about the suitability of the requested medication for the patient's, or any other, medical condition or problem.

**Please see reverse for category definitions and instructions on completing this form.**

## SECTION 1 – PRESCRIBER INFORMATION

NAME & MAILING ADDRESS <input type="checkbox"/> MAIL CONFIRMATION	APPLICATION DATE YYYY          MM          DD			PRESCRIBER'S TELEPHONE # AREA CODE
	PRESCRIBER'S COLLEGE ID #			PRESCRIBER'S FAX # AREA CODE

## SECTION 2 – PATIENT INFORMATION

Personal information on this form is collected for the operations of Pharmacare, Ministry of Health Services. The information will be used so that Pharmacare can decide whether prescription benefit will be provided for the cost of the requested medication. If you have any questions about the collection of this information, call (604) 682-6849 in Vancouver/Lower Mainland, (250) 952-2866 in Victoria or 1-800-554-0250 in the rest of BC, and ask to consult a Pharmacist concerning Special Authorities. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*.

PERSONAL HEALTH NUMBER (PHN)	PATIENT (FAMILY) NAME
DATE OF BIRTH (YYYY / MM / DD)	PATIENT (GIVEN) NAME(S)
<p><b>When patient available, please complete:</b> I authorize the prescriber to release information to Pharmacare to obtain Special Authority for prescription benefit, including access to specific health information related to the Special Authority request in the custody of the prescriber, as appropriate.</p>	
PATIENT'S SIGNATURE (OPTIONAL)	

## SECTION 3 – MEDICATION DETAIL INFORMATION

REQUESTED DRUG EXEMPTION (INDICATE BOTH MEDICATION AND DOSAGE REQUESTED)	<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> RENEWAL
<b>INDICATION(S) FOR SPECIAL AUTHORITY</b> <input type="checkbox"/> <b>Treatment Failure</b> on Reference Drug / Low-Cost Alternative / First-Line Agent (please list medications tried) <input type="checkbox"/> <b>Adverse Reaction</b> to Reference Drug / Low-Cost Alternative / First-Line Agent (please list medications tried and specify adverse reaction) <input type="checkbox"/> <b>Drug / Drug Interaction</b> with Reference Drug or First-Line Agent (please list both drugs that may interact) <input type="checkbox"/> <b>Diagnosis</b> and other patient-specific indicators		
Pharmacare may request additional documentation to support this Special Authority request for certain non-referenced drugs (e.g., terbinafine, interferon, carvedilol, finasteride, etc.).	PRESCRIBER'S SIGNATURE	

## PHARMACARE USE ONLY

	EFFECTIVE DATE YYYY / MM / DD	DURATION OF THERAPY / TERMINATION DATE YYYY / MM / DD
<input type="checkbox"/> DOES NOT MEET GUIDELINES <input type="checkbox"/> ADDITIONAL INFORMATION REQUIRED (SEE BELOW)		

### Fax the Special Authority Request to:

Victoria 952-1065  
Rest of BC (toll-free) 1-800-609-4884

### OR Mail to:

Pharmacare  
PO Box 9655 Stn Prov Govt, Victoria BC V8W 9P2

*Please allow 48 hours (excluding weekends) for RDP Exemptions, and two weeks for LCA Exemptions and Restricted Benefits.*

### COMPLETING THE SPECIAL AUTHORITY REQUEST FORM:

1. Use one form for each patient.
2. Attention to the information requirements will ensure a complete and timely review. Requests containing insufficient information will not be approved and will be returned to the physician. All sections of the form must be completed.
3. Extension of Coverage: If it is anticipated that a patient will continue to require the product beyond the approval period, the physician must apply for an extension of coverage at least two (2) weeks prior to expiration. (Note: Coverage will **not** be continued automatically.) **Retroactive coverage will not be provided.** Requests for extensions should include a comment on the patient's response/progress on therapy.
4. Some specialty drugs require completion of a different request form (e.g., cyclosporin and leflunomide for rheumatoid arthritis, low molecular weight heparin, rebetron, interferon alpha and lamivudine for Hepatitis B, infliximab and etanercept for rheumatoid arthritis and infliximab for Crohn's Disease).

#### **Please note:**

- Results will be provided automatically by mail or fax unless otherwise requested.
- Approval is subject to the usual and customary eligibility and deductible criteria. Approval does not necessarily imply 100% coverage.
- **Special Authority approval is not retroactive.**
- All BC residents registered with the Ministry of Health Services are eligible for Pharmacare coverage.

### DEFINITIONS:

1. **Reference Drug Program (RDP):** Pharmacare provides coverage up to the cost of the Referenced Product within a therapeutic category. (Please refer to your *Reference-Based Pricing Policy* binder for specific information.)
2. **Low-Cost Alternative (LCA) Program:** Coverage is provided up to the current Low-Cost Alternative price.
3. **Restricted Benefit:** A drug is not usually considered first-line therapy where there is limited clinical evidence or where there is significant cost consideration.

#### **Please note:**

The following categories of drugs are generally *not* eligible for special authority:

- investigational drugs
- drugs available without a prescription
- drugs used in non-approved indications, or as part of a clinical trial
- smoking cessation aids
- diet therapy
- new drugs currently under review by Pharmacare
- brand-name products that the brand manufacturer also markets under a generic label.