



Fax requests in Victoria to 250 405-3605 or, from elsewhere in BC, 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 you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax toll-free to 1 800 609-4884, then destroy the pages received in error.

- Use this form to request: • Exemptions to the Reference Drug Program (RDP) • Exemptions to the Low-Cost Alternative Program (LCA) • Limited Coverage Drugs (Please see step 4 on reverse)

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

Form section for Prescriber Information with fields for Name & Mailing Address, Application Date, Telephone, College ID, and Fax #.

SECTION 2 - PATIENT INFORMATION

Form section for Patient Information with fields for Personal Health Number, Patient Name, Date of Birth, and Patient Name(s).

SECTION 3 - MEDICATION DETAIL INFORMATION

Form section for Medication Detail Information including exemption type, indication(s) for special authority, and patient consent.

PHARMACARE USE ONLY

Form section for Pharmacist Use Only with fields for Effective Date and Duration of Therapy.

Fax the Special Authority Request to:

Victoria 250 405-3605
Rest of BC (toll-free) 1 800 609-4884

OR Mail to:

PharmaCare
PO Box 9652 Stn Prov Govt, Victoria BC V8W 9P4

*Please allow 48 hours (excluding weekends) for RDP Exemptions,
and two weeks for LCA Exemptions and Limited Coverage Drugs.*

COMPLETING THE SPECIAL AUTHORITY REQUEST FORM:

1. Use one form for each patient and each drug.
2. Attention to the information requirements ensures a complete and timely review. Requests containing insufficient information will be returned to the physician. All sections of the form must be completed.
3. Extension of Coverage: If you anticipate that a patient will require the product beyond the approval period, apply for an extension of coverage at least two (2) weeks before expiration. (Note: Coverage is **not** continued automatically.) **Approval of this request should be in place before the first prescription is filled.** Requests for extensions should include a comment on the patient's response/progress on therapy.
4. Some medications require the completion of a drug-specific Special Authority request form (e.g., cyclosporine and leflunomide for rheumatoid arthritis, DMARDs for Multiple Sclerosis, interferon alpha and lamivudine for Hepatitis B, low molecular weight heparin, pegylated interferon/ribavirin for Hepatitis C, proton pump inhibitors, etc.).

Please note:

- Results are provided automatically by mail or fax unless otherwise requested.
- Actual coverage is subject to the usual rules of the patient's PharmaCare plan. Approval does not necessarily imply 100% coverage.
- All BC residents registered with the Ministry of Health are eligible for PharmaCare coverage.