



Fax this form, along with the completed Identification and Declaration, Intravenous Drug Regimen and the Oral Drug Regimen sections of the British Columbia Medical Assistance in Dying Prescription to the Ministry of Health Special Authority at 1-800-609-4884.

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.

If PharmaCare approves the Special Authority request, approval is granted solely for the purpose of covering prescription costs. PharmaCare approval does not indicate that the requested medication is, or is not, suitable for any specific patient or purpose.

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.

SECTION 1 - PRESCRIBER INFORMATION

Form section for prescriber information including fields for name, address, college ID, MSP number, phone number, and fax number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' callout.

SECTION 2 - PATIENT INFORMATION

Form section for patient information including fields for family name, given name, date of birth, date of application, and personal health number. Includes a 'CRITICAL FOR PROCESSING' callout.

Personal information on this form is collected under the authority of, and in accordance with, the British Columbia Pharmaceutical Services Act and Freedom of Information and Protection of Privacy Act. It will not be disclosed to any persons without the patient's consent. The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use of this information, call Health Insurance BC from Vancouver at 1-604-683-7151 or from elsewhere in BC toll free at 1-800-663-7100 and ask to consult a pharmacist concerning the Special Authority process.

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 USE ONLY

Form section for PharmaCare use only with fields for status, effective date, and duration of approval.