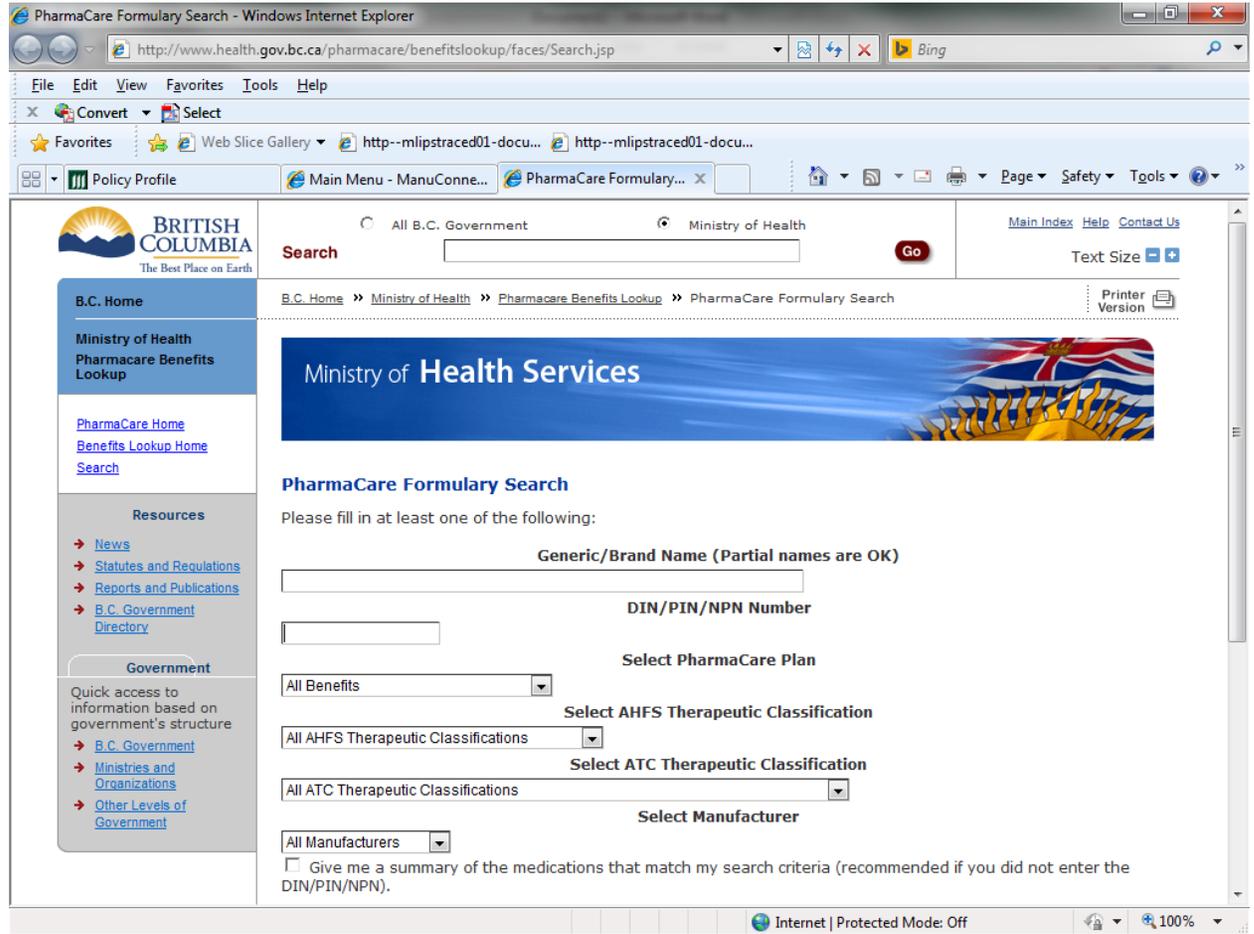


BC PharmaCare Formulary Process Document – Special Authority Drugs

Step 1	Step 2	Step 3	Step 4
<ul style="list-style-type: none">• Obtain prescribed DIN (Drug Identification Number) from pharmacy or doctor• If drug has been claimed in the past, refer to your receipt	<ul style="list-style-type: none">• Go to the PharmaCare website (provided below)• Complete the search using the DIN from Step 1 to determine if the drug is covered (refer to pages 3 and 4)	<ul style="list-style-type: none">• If drug is listed as Special Authority (refer to page 4), you must apply to PharmaCare for approval• The special authority process can be initiated by your doctor, dentist or hospital pharmacist• If approved, or the prescriber indicates that he/she is exempt, proceed to Step 4• If declined, there is no coverage through PharmaCare or Manulife	<ul style="list-style-type: none">• Fax a copy of approval, or confirmation of exemption to Manulife using the customized fax cover sheet provided for this purpose.• Mail in a copy or fax to 1-800-605-7725 or 1-519-883-5715

STEP 1: Obtain the Drug Identification Number (DIN) from your prescribing physician, pharmacist or receipt

STEP 2: Go to <http://www.health.gov.bc.ca/pharmacare/benefitslookup/faces/Search.jsp>



Conduct a BC PharmaCare Formulary Search:

- Enter the DIN in the corresponding box and hit the search button with your cursor
- If the DIN is not found, the drug is not covered under BC PharmaCare or through Manulife (see examples 1 and 2 provided below)
- If the DIN is found, there are two columns that are important; Maximum PharmaCare covers and Special Authority Needed (see example 3 provided below)

Example 1:

DIN 02292386

See column "Maximum PharmaCare covers".

If this column reflects zero or blank as per the below, then the drug is not covered under the BC PharmaCare Formulary or through Manulife.

PharmaCare Formulary Search Results - Windows Internet Explorer

http://www.health.gov.bc.ca/pharmacare/benefitslookup/faces/Search.jsp

File Edit View Favorites Tools Help

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Policy Profile Main Menu - ManuConne... PharmaCare Formulary...

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- Other Levels of Government

B.C. Home » Ministry of Health » Pharmacare Benefits Lookup » PharmaCare Formulary Search Results

Printer Version

Ministry of Health Services

PharmaCare Formulary Search Results

Click on the DIN/PIN/NPN to show details for the product.

The amount PharmaCare actually pays depends on PharmaCare coverage rules and PharmaCare plan rules.

Products found: 1

DIN/PIN/NPN	Generic Name	Brand Name, Strength & Dosage Form	Manufacturer	RDP	Max. Day Supply per fill	Maximum PharmaCare Covers	Unit	Special Authority Needed
02292386	PRAMIPEXOLE DI-HCL	Apo-Pramipexole 0.5 MG TABLET	APOTEX INC	No	0			No

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Show Summary New Search

1. For RDP products reimbursement is based on the daily cost for the reference drug. For more information, see our [Reference Drug Program](#).

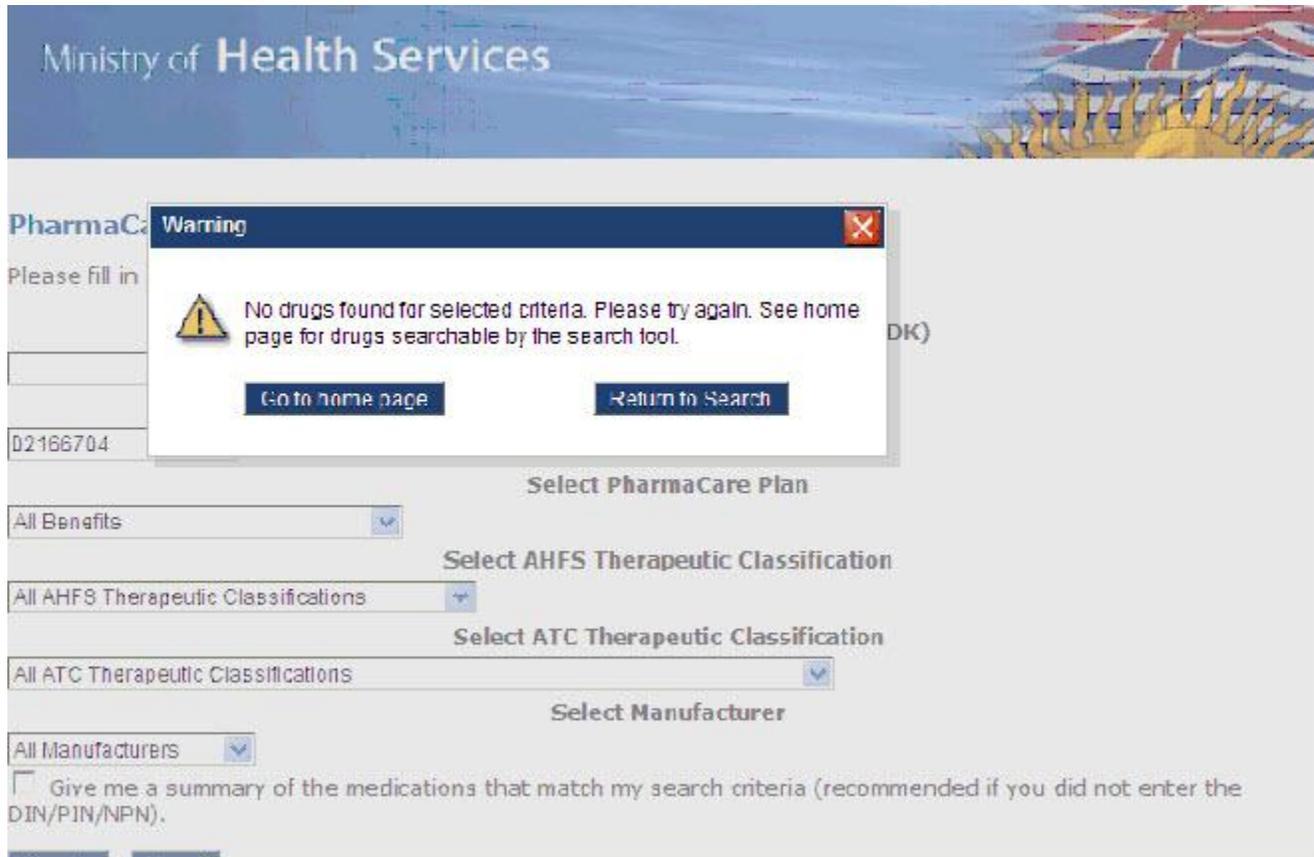
Note: All drugs that PharmaCare covers will be shown. Some drugs that PharmaCare has reviewed but that are not covered may be included. "NB" in the "Maximum PharmaCare Covers" column indicates the drug is not covered.

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Example 2:

DIN 02292386

This screen may also appear following your search. If this screen appears, it means the drug is not covered under the BC PharmaCare Formulary or through Manulife.



The screenshot shows the BC Ministry of Health Services PharmaCare search interface. A warning dialog box is overlaid on the search results, indicating that no drugs were found for the selected criteria. The dialog box contains a yellow warning icon and the text: "No drugs found for selected criteria. Please try again. See home page for drugs searchable by the search tool." Below the text are two buttons: "Go to home page" and "Return to Search".

The background search interface includes the following elements:

- Ministry of Health Services header
- PharmaCare logo
- Please fill in search criteria field (containing "D2166704")
- Select PharmaCare Plan dropdown (All Benefits)
- Select AHFS Therapeutic Classification dropdown (All AHFS Therapeutic Classifications)
- Select ATC Therapeutic Classification dropdown (All ATC Therapeutic Classifications)
- Select Manufacturer dropdown (All Manufacturers)
- Checkbox: Give me a summary of the medications that match my search criteria (recommended if you did not enter the DIN/PIN/NPN).

Example 3:

DIN 02239942

See Column “Maximum PharmaCare cover”.

- If this column reflects a value other than 0 and the Special Authority column says NO, then the drug is eligible under your Manulife plan. You do not need to provide any information to Manulife in order for this drug to be paid under your plan.
- If this column reflects a value other than 0 and the Special Authority column says YES, then the drug is eligible under your plan only if approved by BC PharmaCare under the Special Authority program.

PharmaCare Formulary Search Results - Windows Internet Explorer

http://www.health.gov.bc.ca/pharmacare/benefitslookup/faces/Search.jsp

Ministry of Health Services

PharmaCare Formulary Search Results

Click on the DIN/PIN/NPN to show details for the product.

The amount PharmaCare actually pays depends on PharmaCare coverage rules and PharmaCare plan rules.

Products found: 1

DIN/PIN/NPN	Generic Name	Brand Name, Strength & Dosage Form	Manufacturer	RDP	Max. Day Supply per fill	Maximum PharmaCare Covers	Unit	Special Authority Needed
02239942	CELECOXIB	Celebrex 200mg 200 MG CAPSULE	PFIZER CANADA	No	100	1.4972	Each	Yes

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[Show Summary](#) [New Search](#)

1. For RDP products reimbursement is based on the daily cost for the reference drug. For more information, see our [Reference Drug Program](#).

Note: All drugs that PharmaCare covers will be shown. Some drugs that PharmaCare has reviewed but that are not covered may be included. "NB" in the "Maximum PharmaCare Covers" column indicates the drug is not covered.

For brand name drugs under review and drug reviews completed on or before January 1, 2005, please see [Drug Review Results](#).

This search helps the public and health care professionals to determine which products the PharmaCare program covers. None of the information provided is intended to replace the advice of a health care provider. Please note

STEPS 3 & 4: To apply for Special Authority approval, contact your doctor, dentist or hospital pharmacist who will initiate the process. Your doctor will inform you if you received Special Authority approval once the process is complete. If you receive Special Authority approval, submit a copy to Manulife using the fax cover sheet created for this purpose. The fax cover sheet is available on the Manulife Plan Member Secure Site at www.manulife.ca/planmember. Ensure that all areas are fully completed, and use a separate form for each family member, if submitting requests for multiple individuals. If your doctor advises you that he or she is exempt from having to apply for Special Authority approval, provide details in section 2B of the form.



B.C. Colleges & Institutions Consortium

**Group Benefits
Special Authority Approval Confirmation**

Important instructions for completion of this form:

- Ensure that all areas are fully completed.
- Fax to 1-800-605-7725 or 1-519-883-5715.
- These fax numbers are solely for Special Authority approvals and must not be used for any other purpose.
- Include a copy of your Special Authority approval from PharmaCare, if applicable.*
- Complete A or B below, but not both. If you have requests that fall under both categories, please use two separate forms.
- Contact Manulife Financial at 1-800-575-2200 Option 1 if you require assistance when completing the form.

1 General information	Employer	Plan contract number	Plan member certificate number
	Employee name	Patient name (if different from employee)	
Separate forms are required for each patient.			
2 Drug information Please list the drug name and DIN (Drug Identification Number).	Drug name	DIN	
	Drug name	DIN	
Please note that a new request is not required if you continue to take the same drug, at the same strength, but the DIN changes. In that circumstance, please contact Manulife Customer Service Centre at 1-800-575-2200 or use the send-a-note feature on the Manulife plan member website to report the change.			
A	<input type="radio"/> I have received approval from BC PharmaCare for coverage of this drug(s) under the Special Authority Program. *A copy of the approval must be faxed with this form.		
B	<input type="radio"/> My physician has confirmed that he or she is exempt from the requirement to apply for Special Authority for the DIN(s) noted above. *A copy of the approval is not required, but the following information must be provided:		
	Physician's name	Specialty	
3 Additional information	<input type="radio"/> I have incurred out-of-pocket expenses for the above drug(s). I have attached copies of my receipts and request that these expenses be reimbursed.		
	<input type="radio"/> I am coordinating benefits with my spouse, who is covered under this or another BC Colleges & Institutions plan that is set up to mirror the BC PharmaCare formulary. Please also code this exception under my spouse's plan. My spouse's plan and certificate number are as follows:		
	Plan contract number	Plan member certificate number	
4 Signature	Signature		Date signed (dd/mm/yyyy)