

## Group Benefits Special Authority Approval Confirmation

### Important instructions for completion of this form:

- Ensure that all areas are fully completed.
- **Forward completed form:**  
Via email to **GBCSC\_TM@manulife.com**. In the subject line, indicate **"BCSA Request" OR**  
Via fax to **1-800-605-7725 or 1-519-883-5715**  
This email address and 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 at **1-800-575-2200 Option 1** if you require assistance when completing the form.

|   |   |  |   |                                |
|---|---|--|---|--------------------------------|
| <b>1 General information</b>  | Employer  |  | Plan contract number                      | Plan member certificate number |
|   | Employee name   |  | Patient name (if different from employee) |                                |
|   | <b>Separate forms are required for each patient.</b>  |  |   |                                |
| <b>2 Drug information</b><br><br>Please list the drug name and DIN (Drug Identification Number).                                    | Drug name   |  | DIN                                       |                                |
|   | Drug name   |  | DIN                                       |                                |
|   | Drug name   |  | DIN                                       |                                |
|   | Drug name   |  | DIN                                       |                                |
|   | 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.                             |  |   |                                |
| <b>A</b>  | <input type="radio"/> I have received approval from BC PharmaCare for coverage of this drug(s) under the Special Authority Program. <b>*A copy of the approval must be faxed with this form.</b>  |  |   |                                |
| <b>B</b><br><br>Complete A or B, but not both. If you have requests that fall under both categories, please use two separate forms. | <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. <b>*A copy of the approval is not required, but the following information must be provided:</b>   |  |   |                                |
|   | Physician's name  |  | Specialty                                 |                                |
| <b>3 Additional information</b>   | <input type="radio"/> I have incurred out-of-pocket expenses for the above drug(s). I confirm that these expenses have not been reimbursed through another plan. 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, Universities and Institutes Benefits Consortium 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            |                                |
| <b>4 Signature</b>  | Signature   |  |   | Date signed (dd/mm/yyyy)       |