BCRenal
Provincial Health Services Authority

Exceptional Coverage Request Form

Non-Formulary Medication

July 2026 Version 1.0

Complete all sections. Incomplete or partially completed forms will not be reviewed. Submit by email to BC Renal (contracts@bcrenal.ca).

REQUESTING PROVIDER (BC KIDNEY CARE PROVIDER)

Name

Date of request

Role / title

Renal program / clinic

Health authority

Phone

Email (for return of decision)

PATIENT

PROMIS ID

Personal Health Number (PHN)

Date of birth (YYYY-MM-DD)

☐ Patient is registered in PROMIS under the Provincial Renal Agency program.

MEDICATION REQUESTED

Drug (generic name)

Brand (if applicable)

Strength / formulation

Renal indication / complication

Requested duration of coverage

Approximate cost to applicant ($ / month)

Dose and directions (sig)

Indicate the dose prescribed and the maximum dose that may be required.

Urgency of request

☐ Low: response within 1 month ☐ Moderate: response within 2 weeks ☐ High: response within 1 week

Reason if high urgency

ELIGIBILITY (ALL MUST BE CONFIRMED)

- ☐ Request is initiated by a BC kidney care provider.
- ☐ Request is for a renal indication or complication.
- ☐ All standard therapeutic options have been tried or considered (request is made on a last-resort basis).
- ☐ Coverage is not available through another formulary or insurance program (e.g., PharmaCare, NIHB, Pacific Blue Cross).

Programs / plans checked:

CLINICAL JUSTIFICATION

Alternative therapies tried and patient response

If other alternative treatment(s) were not tried, please list and justify why they may not be appropriate

Relevant patient-specific factors, lab findings, and rationale for exceptional coverage

If renewal of exceptional coverage is anticipated, please indicate the clinical parameters or outcomes that will be followed to reassess the ongoing need for the medication

If the medication is not approved by Health Canada, or is used for an off-label indication, include clinical evidence or guidelines to support the indication, and indicate whether other regulatory bodies (e.g., FDA, NICE), jurisdictions, or programs have approved or labeled the medication for the intended indication.

Other information

Requests would not be considered in the following scenarios:

- Use of specific products based on patient lifestyle preference or dietary choice.
- Requests for natural health products and over-the-counter (OTC) medications
- Preference for specific brand or formulation for the sole reason that the brand or formulation was what was previously used in a different province or country.

Requesting provider signature

Date

To submit: Sign, date, and email the completed form to BC Renal at contracts@bcrenal.ca. Send the form as an attachment.
If you do not receive a response within 72 hours, or to check on status, email contracts@bcrenal.ca.

FOR BC RENAL OFFICE USE ONLY

Submission ID

Date received

Adjudicator(s)

Decision date

☐ Approved ☐ Denied Approval expires on: