



INITIAL COVERAGE (Complete sections 1 - 6, and 9)

RENEWAL COVERAGE (Complete sections 1 - 4, 8 and 9)

For up to date criteria and forms, please check: www.gov.bc.ca/pharmacarespecialauthority

Fax requests 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.

If PharmaCare approves this 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 condition.

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 - PRESCRIBING GASTROENTEROLOGIST'S INFO.

SECTION 2 - PATIENT INFORMATION

Name and mailing address, mail confirmation, college ID, MSP number, phone number, prescriber's fax number, critical for a timely response.

Patient (family) name, patient (given) name(s), date of birth, date of application, personal health number (PHN), critical for processing.

SECTION 3 - MEDICATION REQUESTED AND CLINICAL INFORMATION

Induction and renewal medication options (Infliximab, Adalimumab, Vedolizumab), current weight, current steroid dose, diagnosis, year of UC diagnosis, impact of current condition, extraintestinal manifestations.

SECTION 4 - CONCURRENT THERAPY

INCLUDE ALL antidiarrheals, narcotics, immunosuppressants, antibiotics

Table with 2 columns: Drug, Dose/Route, Frequency. Rows 1-4.

SECTION 5 - INITIAL DIAGNOSTIC INFORMATION

Normal Bowel Movements, Endoscopic Findings (Optional), Stool Frequency, Rectal Bleeding, Physician's Global Assessment, Total Score.

PHARMACARE USE ONLY

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Table with 3 columns: Status, Effective Date (YYYY / MM / DD), Duration of Approval.

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
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**SECTION 6 – PRIOR MEDICATION THERAPY (INITIAL COVERAGE)**

<b>Details of trial with 5-ASA products (for a minimum of 4 weeks)</b>	
<b>Specify Drug Name and Dose</b>	<b>Details of Outcome (Failure, Contraindication, Intolerance, Other)</b>
	<input type="checkbox"/> Lack of Effect <input type="checkbox"/> Contraindication <input type="checkbox"/> Intolerance <input type="checkbox"/> Other Specify:
<b>Details of glucocorticoid trial</b>	
<input type="checkbox"/> corticosteroid resistant: lack of a symptomatic response despite a course of oral prednisone 40-60mg/day (or equivalent) for a minimum of 14 days. <input type="checkbox"/> corticosteroid dependent: unable to withdraw oral corticosteroid within 3 months of initiation without a recurrence of symptoms; a symptomatic relapse within 3 months of stopping; or the need for two or more courses of corticosteroids within one year. <input type="checkbox"/> corticosteroid use is contraindicated (specify): _____ <input type="checkbox"/> intolerant/side effect(s) (specify): _____	
<b>Details of other medication trial(s)</b>	
<b>Drug Name, Dose, Duration</b>	<b>Details of Outcome (Failure, Contraindication, Intolerance, Other)</b>
	<input type="checkbox"/> Lack of Effect <input type="checkbox"/> Contraindication <input type="checkbox"/> Intolerance <input type="checkbox"/> Other Specify:

**SECTION 7 – ADDITIONAL INFORMATION, IF APPLICABLE**

FECAL CALPROTECTIN	CRP	ESR	DRUG LEVEL

**SECTION 8 – RENEWAL COVERAGE**

<b>Coverage</b>			
Requires a score reduction from baseline $\geq 2$ with a decrease in baseline from rectal bleeding subscore of $\geq 1$ , or a bleeding subscore of 0 or 1			
<b>Stool Frequency (based on the last 3 days)</b>	<b>Rectal Bleeding (based on the last 3 days)</b>	<b>Physician's Global Assessment</b>	
<input type="checkbox"/> normal number of stools = 0 <input type="checkbox"/> 1 - 2 stools more than normal = 1 <input type="checkbox"/> 3 - 4 stools more than normal = 2 <input type="checkbox"/> 5 or more stools more than normal = 3	<input type="checkbox"/> no blood seen = 0 <input type="checkbox"/> streaks of blood with stool less than half the time = 1 <input type="checkbox"/> obvious blood with stool most of the time = 2 <input type="checkbox"/> blood alone passed = 3	<input type="checkbox"/> normal = 0 <input type="checkbox"/> mild colitis = 1 <input type="checkbox"/> moderate colitis = 2 <input type="checkbox"/> severe colitis = 3	
<b>Total Score (sum of stool frequency, rectal bleeding, and physician's global assessment)</b>		<input type="checkbox"/> TOTAL SCORE	

**SECTION 9 – PRESCRIBER SIGNATURE**

Personal information on this form is collected, used and disclosed 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.

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Prescriber's Signature (Mandatory)

PharmaCare may request additional documentation to support this Special Authority request.

Actual reimbursement is subject to the rules of a patient's PharmaCare plan, including any annual deductible requirement, and to any other applicable PharmaCare pricing policy.