



RENEWAL COVERAGE

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 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.

If you have received this fax in error, please write MISDIRECTED across the front of the form and fax toll-free to 1-800-609-4884, then destroy the pages received in error.

SECTION 1 – PRESCRIBING GASTROENTEROLOGIST’S INFO.

Name and Mailing Address	
College ID (use ONLY College ID number)	Phone Number (include area code)
CRITICAL FOR A TIMELY RESPONSE →	Prescriber's Fax Number

SECTION 2 – PATIENT INFORMATION

Patient (Family) Name	
Patient (Given) Name(s)	
Date of Birth (YYYY / MM / DD)	Date of Application (YYYY / MM / DD)
CRITICAL FOR PROCESSING →	Personal Health Number (PHN)

SECTION 3 – MEDICATION REQUESTED

<input type="radio"/> ADALIMUMAB 1 year: 40 mg every 2 weeks <input type="radio"/> ABRILADA® <input type="radio"/> AMGEVITA® <input type="radio"/> HADLIMA® <input type="radio"/> HULIO® <input type="radio"/> HYRIMOZ® <input type="radio"/> IDACIO® <input type="radio"/> SIMLANDI™ <input type="radio"/> YUFLYMA® <input type="radio"/> _____	<input type="radio"/> OZANIMOD 1 year: 0.92 mg once daily <input type="radio"/> _____
<input type="radio"/> INFLIXIMAB 1 year: 5 mg/kg every 8 weeks <input type="radio"/> AVSOLA™ <input type="radio"/> INFLECTRA® <input type="radio"/> RENFLEXIS® <input type="radio"/> _____	<input type="radio"/> TOFACTINIB 1 year: 5 mg twice daily <input type="radio"/> _____
	<input type="radio"/> VEDOLIZUMAB <input type="radio"/> 1 year: 300 mg every 8 weeks <input type="radio"/> 1 year: 108 mg SC every 2 weeks <input type="radio"/> _____

SECTION 4 – POST INDUCTION /CURRENT CLINICAL INFORMATION

Diagnosis <input type="radio"/> Ulcerative Colitis	Impact Of Current Condition On Work/Social Life <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	Current Weight In Kg	Current Steroid Dose
Coverage: Requires a score reduction from baseline ≥ 2 with a decrease in baseline from rectal bleeding subscore of ≥ 1 , or a bleeding subscore of 0 or 1			
Stool Frequency (based on the last 3 days) <input type="radio"/> normal number of stools = 0 <input type="radio"/> 1 - 2 stools more than normal = 1 <input type="radio"/> 3 - 4 stools more than normal = 2 <input type="radio"/> 5 or more stools more than normal = 3	Rectal Bleeding (based on the last 3 days) <input type="radio"/> no blood seen = 0 <input type="radio"/> streaks of blood with stool less than half the time = 1 <input type="radio"/> obvious blood with stool most of the time = 2 <input type="radio"/> blood alone passed = 3	Physician's Global Assessment <input type="radio"/> normal = 0 <input type="radio"/> mild colitis = 1 <input type="radio"/> moderate colitis = 2 <input type="radio"/> severe colitis = 3	
Total Score (sum of stool frequency, rectal bleeding, and physician's global assessment)		TOTAL SCORE	
For consideration of ongoing off-criteria coverage, additional details demonstrating medication efficacy are required. The current submitted assessment must be equivalent to the baseline assessment previously submitted. Initial requests for off-criteria coverage (i.e. dose escalation), require details demonstrating ongoing moderate to severe active disease/low drug level. Please track the chosen assessment in section 6 for consideration of off-criteria coverage.			

PHARMACARE USE ONLY

STATUS	EFFECTIVE DATE (YYYY / MM / DD)	DURATION OF APPROVAL
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Continued on page 2 >>

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
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SECTION 5 – CONCURRENT THERAPY *INCLUDE ALL antidiarrheals, narcotics, immunosuppressants, antibiotics*

DRUG, DOSE/ROUTE, FREQUENCY	
1	
2	
3	
4	

SECTION 6 – CLINICAL MONITORING *(only required for off-criteria requests)*

Track the need for therapy (changes) and benefit from therapy (changes) for off-criteria consideration.

MONITORING PARAMETER		1	2	3	4
Colonoscopy (Mayo Endoscopic Subscore >1)	Date				
	Finding				
Fecal Calprotectin (>250)	Date				
	Finding				
Drug Level	Date				
	Finding				
Other (specify)	Date				
	Finding				

SECTION 7 – ADDITIONAL INFORMATION, IF APPLICABLE *Include any changes to therapy, surgical interventions, explain gaps in therapy*

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SECTION 8 – PRESCRIBER SIGNATURE

Personal information on this form is collected under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act 22(1)* and *Freedom of Information and Protection of Privacy Act 26 (a),(c),(e)*. The information is being collected for the purposes of (a) administering the PharmaCare program, (b) analyzing, planning and evaluating the Special Authority and other Ministry programs and (c) to manage and plan for the health system generally. If you have any questions about the collection 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 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.