

PHARMACARE SPECIAL AUTHORITY REQUEST RITUXIMAB / TOCILIZUMAB FOR **NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)**

HLTH 5851 Rev. 2023/10/31

O INITIAL	
Complete	sections 1 – 4

RENEWAL Complete sections 1 – 3, & 5

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.

toll-free to 1-800-609-4884, then destroy the pages received in error.

If you have received this fax in error, please write

MISDIRECTED across the front of the form and fax

 $If Pharma Care \ approves \ this \ Special \ Authority \ request, approval \ is \ granted \ solely \ for \ the \ purpose \ of \ covering \ prescription \ costs.$

ECTION 1 – NEUROLOGIST'S INFORMATION				SECTION	SECTION 2 – PATIENT INFORMATION				
leurologist's Name and Mailing Address			Patient (Fa	Patient (Family) Name Patient (Given) Name(s)					
			Patient (Gi						
ollege ID (use ONLY College ID number) Phone Number (include area code)				Date of Bir	Date of Birth (yyyy / mm / dd) Date of Application (yyyy / mm / dd)				
	Neurolog	gist's Fax Number				Personal	Health Number (PHN)		
CRITICAL FOR A FIMELY RESPONSE				CRITICAL PROCESS					
ECTION 3 - MEDICAT	ON REQ	UESTED							
O BIOSIMILAR RITU	KIMAB		9901-0348	Отос	ILIZUMAB		9901-0147		
Initial Coverage:				Dosa	Dosage: 8mg/kg IV every 4 weeks (maximum dose 800 mg)				
1000 mg IV at 0 & 2 weeks, followed by 1000 mg IV every 6 months				I	Current Weight: (kg) Requested Dose:				
Renewal coverage: 1000 mg IV every 6 months					PharmaCare does not provide coverage for use of partial vials, please round up or down to nearest whole vial.				
ECTION 4 – INITIAL Co armaCare coverage is cons			zumab is prescribed by	y a neurologist	with expertise in th	e diagnos	is and management of NMOSD.		
For the treatment of NM	OSD. Tociliz	zumab should not k	oe initiated during a NA	MOSD relapse e	oisode.				
Provide most recent EDS	S score and	d date taken.The ED	OSS score must be from	within the 3 m	onth period immed	iately pred	eding this request.		
Most recent EDSS score			, date						
Patient has experienced or									
Severe first attack (e.	g., marked	change in neurolog	gical functioning, requi e than 6/60 or Expande				igh disability with first attack dir).		
			e to severe relapse of Ni ication to a first-line the		e previous 12 mont	hs despite	a trial of optimally dosed first-line		
NAME OF PREVIOUSLY TRIED THERAPIE		DOSE	DURATION OF TRIAL (MONTHS)		DETAILS OF OUTCOME (FAILURE, CONTRAINDICATION, INTOLERANCE, OTHER)				
				○ Failure	O Intolerance		ontraindication		
1				Specify:					
				Specify: Failure Specify:	O Intolerance	<u></u> ○ Cc	ontraindication		
1	ILY			Failure Specify:			ontraindication ional information on page 2		

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RITUXIMAB / TOCILIZUMAB FOR NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
SECTION 5 – RENEWAL COVERAGE CRITERIA: 12 MONTHS PharmaCare coverage is considered when rituximab/tocilizumab is prescribed by	a neurologist with expertise in the	diaanosis and management of NMOSD.
☐ Patient has maintained an EDSS score of less than 8 points taken within the 3-		
Most recent EDSS score, date	·	
SECTION 6 – ADDITIONAL NOTES		
Personal information on this form is collected under the authority of, and in accordance with, the <i>British Columbia Pharmaceutical Services Act</i> 22(1) and <i>Freedom of Information and Protection of Privacy Act</i> 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		ient that the purpose of releasing their to obtain Special Authority for prescription es set out here.

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.

Neurologist'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.