



BIOSIMILARS INITIATIVE SUPPORT: ADALIMUMAB/ETANERCEPT PATIENT LIST REQUEST

HLTH 5843 2021/02/11

Fax completed requests to 1 800 609-4884 (toll free) OR mail to: PharmaCare, Box 9652 Stn Prov Govt, Victoria, BC V8W 9P4

Prescribers can request a list of patients (for whom they have prescribed any of the medications below) to assist with biosimilar switching discussions.

A patient list will be returned to you within 14 days by fax. This list includes the first and last names of patients who have filled a prescription within the last 6 months for the drugs selected below, where you are the prescriber listed; no specific medication information will be provided.

Not all of the identified patients may be candidates for switching. This information is provided to assist you in identifying patients who may benefit from switching to a biosimilar.

SECTION 1 – SPECIALIST INFORMATION

MUST BE FULLY COMPLETED FOR PROCESSING

Specialist Full Legal Name	CPSBC License Number (Not MSP Number)
Specialist Mailing Address	
Specialist Fax Number	Specialist Phone Number

SECTION 2 – INFORMATION REQUESTED

Which best describes your practice? <input type="radio"/> Dermatologist <input type="radio"/> Gastroenterologist <input type="radio"/> Internal Medicine Specialist <input type="radio"/> Rheumatologist	Medication prescribed: <input type="radio"/> Humira® <input type="radio"/> Enbrel® - available for dermatologists* * Lists of patients on Enbrel limited to dermatologists as the current etanercept biosimilar switching window applies to patients on Enbrel for plaque psoriasis
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SECTION 3 – SPECIALIST 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.

Specialist's Signature (Mandatory)

Date of Signature

PHARMACARE USE ONLY

STATUS

All fields on this form must be completed. Forms with missing information will be returned for completion.

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.