



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 device 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 – PRESCRIBER'S INFORMATION

Prescriber's 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

SACUBITRIL + VALSARTAN: 9901-0289

☐ sacubitril-valsartan (24 mg/26 mg, 49 mg/51 mg and 97 mg/103 mg tablets)

SECTION 4 – CRITERIA FOR INDEFINITE COVERAGE

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable):

- ☐ Patient has heart failure with New York Heart Association Class II to III symptoms that have persisted despite at least four weeks of treatment at the optimum stable dose:
- ☐ Of a beta-blocker
- ☐ Of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB).
- Name of ACEI or ARB trialed: _____
- Duration of trial of prior ACEI or ARB (minimum 4 weeks required): _____
- ☐ Patient will be using sacubitril-valsartan in combination with other recommended therapies, including an aldosterone antagonist (if tolerable).
- ☐ Provide left ventricular ejection fraction (LVEF) ($\leq 40\%$): _____

Sacubitril-valsartan should be administered in place of an ACEI or an ARB.

Report all adverse events to the post-market surveillance program, Canadian Vigilance, toll-free 1-866-234-2345 (health professionals only).

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.

PHARMACARE USE ONLY

STATUS	EFFECTIVE DATE (YYYY / MM / DD)	DURATION OF APPROVAL
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