BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST

DALTEPARIN/ENOXAPARIN (BIOSIMILAR)/NADROPARIN/ TINZAPARIN LOW MOLECULAR WEIGHT HEPARIN

HLTH 5338 Rev. 2023/05/24

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 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.

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.

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 – PRESCRIBER INFORMATION

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 DETAIL INFORMATION

Requested Medication (check ONE of the following medications):

- ◯ **DALTEPARIN: 9901-0022**
- ◯ **NADROPARIN: 9901-0103**
- ◯ **TINZAPARIN: 9901-0023**
- ◯ **Biosimilar ENOXAPARIN: 9901-0068**
  - *** Noromby™**
  - *** Elonox®**
  - *** Redesca®**
  - *** Inclunox®**

Duration Requested (days)

Dose/Regimen Requested

Approval is to complete the balance of a total duration of therapy as specified below (i.e. for outpatients only)

A. TREATMENT OF VENOUS THROMBOEMBOLISM - ***FOR INDICATION ASSOCIATED WITH CANCER, PLEASE USE THE FOLLOWING FORM: DALTEPARIN TINZAPARIN ENOXAPARIN (BIOSIMILAR) FOR TREATMENT OF VENOUS THROMBOEMBOLISM IN CANCER PATIENTS (HLTH 5469)***

- ◯ Continued for acute DVT or PE from acute care (hospital) setting to bridge time to achieve therapeutic INR on oral anticoagulants *(approval up to 10 days)*
- ◯ Failure on oral anticoagulant therapy - i.e. recurrence of one or more DVT or PE in patients with therapeutic INR on oral anticoagulant therapy *(approval up to three months – then reassessed)*

B. PROPHYLAXIS OF VENOUS THROMBOEMBOLISM

- ◯ Following elective total knee replacement surgery *(approval up to 14 days)*
- ◯ Following elective total hip replacement surgery *(approval up to 35 days)*
- ◯ Orthopaedic surgery for major trauma *(approval up to 10 days)*
- ◯ Concurrent lupus anticoagulant syndrome, antiphospholipid syndrome or thrombophilia *(approval up to three months)*
- ◯ Associated with pregnancy *(approval up to 4 weeks post-partum)*

Expected due date (required): _____

- ◯ Post abdominal or pelvic surgery for the management of a malignant tumour, DALTEPARIN or biosimilar ENOXAPARIN only:
  - ◯ Approval up to 10 days **OR**
  - ◯ Approval up to 28 days for High Risk patients as identified below:
    - ◯ Previous history of VTE
    - ◯ Anesthesia lasting longer than 2 hours
    - ◯ Bedrest lasting 4 days or longer following surgery

Date of surgery (optional): _____

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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