BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST

TARGETED DMARDS FOR ANKYLOSING SPONDYLITIS
RENEWAL

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

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.

SECTION 1 – SPECIALIST INFORMATION

Rheumatologist's Name and Mailing Address ☐ Mail Confirmation

☐ College ID **OR** ☐ MSP Number

Phone Number (include area code)

CRITICAL FOR A TIMELY RESPONSE →

Rheumatologist'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

REQUESTED DOSE AND INTERVAL

_____ MG

EVERY: _____

PATIENT'S BODY WEIGHT (KG)

☐ **ADALIMUMAB**
- ☐ Indefinite coverage, 40 mg every 14 days
- OR ☐ Renewal of one year

☐ **CERTOLIZUMAB**
Renewal of one year, 200 mg every other week or 400 mg every 4 weeks

☐ **ETANERCEPT**
- ☐ Indefinite coverage, total dose of 50mg weekly
- OR ☐ Renewal of one year

☐ **GOLIMUMAB**
Renewal of one year, 50 mg SC once per month

☐ **INFLIXIMAB**
- ☐ Indefinite coverage, 3-5 mg/kg every 8 weeks
- OR ☐ Renewal of one year

☐ **SECUKINUMAB**
Renewal of 150 mg monthly for one year

If approved, please note that claims with indefinite SA approvals will be monitored and any overuse or significant underuse will be subject to review.

SECTION 4 – CURRENT CLINICAL INFORMATION

ESR	or	CRP	MORNING STIFFNESS (MINUTES)	PHYSICIAN GLOBAL ASSESSMENT OF **INFLAMMATION** (SCALE OF 0 - 10), 0 = REMISSION, 10 = SEVERE ACTIVE DISEASE)

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

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

TARGETED DMARDS FOR ANKYLOSING SPONDYLITIS

PATIENT NAME	PHN

SECTION 5 - CURRENT MEDICATIONS (DMARDs, anti-inflammatories, corticosteroids, analgesics, opioids)

MEDICATION	DOSE	FREQUENCY

SECTION 6 - CRITERIA FOR RENEWAL

Please complete all sections below

RESPONSE TO THERAPY COMPARED TO BASELINE

☐ Extra-articular manifestations _____ ☐ Worsened ☐ No Response ☐ Improved ☐ Resolved

☐ **AXIAL DISEASE**

☐ Spinal pain ☐ Worsened ☐ No Response ☐ Improved ☐ Resolved

☐ **PERIPHERAL DISEASE**

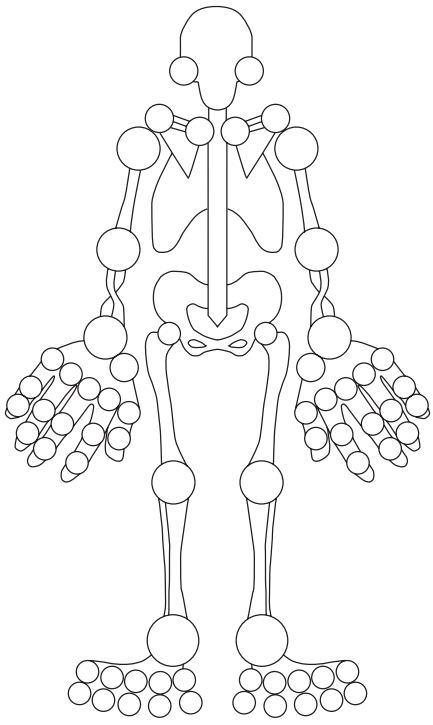
☐ Active joints (complete homunculus below) ☐ Worsened ☐ No Response ☐ Improved ☐ Resolved

☐ Active tenosynovitis and/or enthesitis (indicate by arrow and "TS" or "E" on homunculus as applicable) ☐ Worsened ☐ No Response ☐ Improved ☐ Resolved

☐ Copy of a current BASDAI attached. ☐ Copy of HAQ attached if predominantly peripheral disease.

ADDITIONAL COMMENTS REGARDING PATIENT'S CURRENT MEDICAL STATUS

SECTION 7 - HOMUNCULUS *Indicate active joints, tenosynovitis and enthesitis.*



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, used and disclosed under the authority of, and in accordance with, the *British Columbia Pharmaceutical Services Act* and *Freedom of Information and Protection of Privacy Act*. It will not be disclosed to any persons without the patient's consent.The information you provide will be relevant to and used solely to (a) provide PharmaCare benefits for the medication requested, (b) to implement, monitor and evaluate this and other Ministry programs, and (c) to manage and plan for the health system generally. If you have any questions about the collection or use 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.

_____
Rheumatologist'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.

PRINT RESET