



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 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

Form for Section 1 containing fields for Rheumatologist's Name and Mailing Address, Mail Confirmation, College ID, MSP Number, Phone Number, and Rheumatologist's Fax Number. Includes a 'CRITICAL FOR A TIMELY RESPONSE' warning.

SECTION 2 - PATIENT INFORMATION

Form for Section 2 containing fields for Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, and Personal Health Number (PHN). Includes a 'CRITICAL FOR PROCESSING' warning.

SECTION 3 - MEDICATION REQUESTED

Form for Section 3 containing medication options: ADALIMUMAB 9901-0152, CERTOLIZUMAB 9901-0126, ETANERCEPT, GOLIMUMAB 9901-0121, and INFLIXIMAB. Includes fields for requested dose and interval, patient's body weight, and month/year started.

SECTION 4 - CURRENT CLINICAL INFORMATION

Form for Section 4 containing fields for ESR or CRP, Morning Stiffness (minutes), and Physician Global Assessment of Inflammation (scale of 0-10).

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

Form for Section 5 containing fields for Status, Effective Date (YYYY / MM / DD), and Duration of Approval.

PATIENT NAME	PHN
--------------	-----

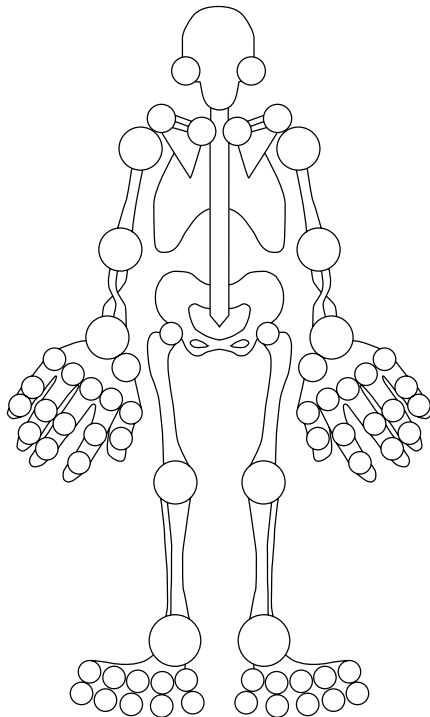
SECTION 5 - CURRENT MEDICATIONS (DMARDs, anti-inflammatories, corticosteroids, analgesics, opioids)

MEDICATION	DOSE	FREQUENCY

SECTION 6 - CRITERIA FOR RENEWAL

<p>Please complete all sections below</p> <p><input type="checkbox"/> Extra-articular manifestations _____</p> <hr/> <p><input type="checkbox"/> AXIAL DISEASE</p> <p style="padding-left: 20px;"><input type="checkbox"/> Spinal pain</p> <hr/> <p><input type="checkbox"/> PERIPHERAL DISEASE</p> <p style="padding-left: 20px;"><input type="checkbox"/> Active joints (complete homunculus below)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Active tenosynovitis and/or enthesitis (indicate by arrow and "TS" or "E" on homunculus as applicable)</p> <hr/> <p><input type="checkbox"/> Copy of a current BASDAI attached. <input type="checkbox"/> Copy of HAQ attached if predominantly peripheral disease.</p>	<p align="center">RESPONSE TO THERAPY COMPARED TO BASELINE</p> <p><input type="checkbox"/> Worsened <input type="checkbox"/> No Response <input type="checkbox"/> Improved <input type="checkbox"/> Resolved</p> <hr/> <p><input type="checkbox"/> Worsened <input type="checkbox"/> No Response <input type="checkbox"/> Improved <input type="checkbox"/> Resolved</p> <hr/> <p><input type="checkbox"/> Worsened <input type="checkbox"/> No Response <input type="checkbox"/> Improved <input type="checkbox"/> Resolved</p> <hr/> <p><input type="checkbox"/> Worsened <input type="checkbox"/> No Response <input type="checkbox"/> Improved <input type="checkbox"/> Resolved</p>
<p>ADDITIONAL COMMENTS REGARDING PATIENT'S CURRENT MEDICAL STATUS</p>	

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.