



INITIAL Complete sections 1, 2, & 3

RENEWAL Complete sections 1, 2, & 4

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 - PRESCRIBER INFORMATION

Form for Section 1 containing fields for Neurologist's Name and Mailing Address, Mail Confirmation, College ID, MSP Number, Phone Number, and Neurologist's Fax Number.

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).

SECTION 3 - INITIAL COVERAGE CRITERIA FOR NATALIZUMAB (TYSABRI), 300 mg IV every 4 weeks

- As second-line monotherapy for the treatment of relapsing-remitting multiple sclerosis, diagnosed according to the current clinical criteria (McDonald diagnostic criteria) and magnetic resonance imaging (MRI) evidence.
Prescribed by a neurologist from a designated multiple sclerosis clinic.

Most recent EDSS score, date

PLUS for patients meeting ALL of the following:

- A. Significant increase in T2 lesion load compared to a previous MRI scan or at least one gadolinium-enhancing lesion, AND
B. At least two (2) attacks of multiple sclerosis in the previous one (1) year, AND
C. Failure to respond to full and adequate courses of treatment with one other disease modifying therapy (interferon beta-1a, interferon beta-1b, glatiramer acetate, dimethyl fumarate, teriflunomide), OR contraindication or intolerance to two of these therapies.

Table with 4 columns: Name of Previous Disease Modifying Agent, Dose, Duration of Trial (Months), and Details of Outcome (Failure, Contraindication, Intolerance, Other). Includes rows for two previous treatments.

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

Form for PharmaCare Use Only with fields for Status, Effective Date, and Duration of Therapy / Termination Date.

NATALIZUMAB MONOTHERAPY INITIAL/RENEWAL REQUEST FOR MULTIPLE SCLEROSIS

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
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SECTION 4 – RENEWAL COVERAGE CRITERIA FOR NATALIZUMAB (TYSABRI), 300 mg IV every 4 weeks monotherapy

- As second-line monotherapy for the treatment of relapsing-remitting multiple sclerosis.
- Prescribed by a neurologist from a designated multiple sclerosis clinic.
- The patient has had continued therapeutic benefit since the initiation of disease modifying therapy, outweighing any potential risks.

Were neutralizing antibodies present after 6 months? Yes No

If yes, were neutralizing antibodies present on repeat testing after an additional 3 months? Yes No

PLUS evidence of continued benefit (improvement or stabilization) as shown by at least ONE of the following:

- A. Reduction in relapse rate (decrease from _____ relapses per year to _____ relapses per year).
- B. Improvement or stability of EDSS score. Most recent EDSS score _____ date _____
 Previous EDSS score _____ date _____
- C. MRI scan: Reduction or stability in lesion load.
- D. MRI scan: Reduction in gadolinium enhancing lesions.
- E. Overall clinical impression of benefit (provide details):

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.

 Neurologist'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.