



FIRST COURSE (5 vials) Complete sections 1, 2 & 3

SECOND COURSE (3 vials) Complete sections 1, 2 & 4

(Lifetime maximum of 8 vials)

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 - PRESCRIBING NEUROLOGIST'S INFORMATION

MS Clinic Neurologist Name and Clinic Address
Mail Confirmation
College ID OR MSP Number
Phone Number (include area code)
Prescriber's Fax Number
CRITICAL FOR A TIMELY RESPONSE

SECTION 2 - PATIENT INFORMATION

Patient (Family) Name
Patient (Given) Name(s)
Date of Birth (yyyy / mm / dd)
Date of Application (yyyy / mm / dd)
Personal Health Number (PHN)
CRITICAL FOR PROCESSING

SECTION 3 - COVERAGE FOR ALEMTUZUMAB (LEMTRADA): First course: 12 mg IV daily for 5 consecutive days.

As second-line monotherapy for the treatment of relapsing-remitting multiple sclerosis...
Request is within 90 days of a neurologist exam and EDSS score is 5.0 or less.
EDSS Score:
Exam Date:

PLUS, for patients meeting ALL of the following:

- A. Patient has had at least two disabling attacks of multiple sclerosis (MS), with at least one attack in the previous (1) year, AND
B. Patient has had at least one relapse while on a minimum of six months of full and adequate treatment with at least one MS disease modifying drug therapy within the last 10 years.

Table with 4 columns: Name of Previous Disease Modifying Agent, Dose and frequency, Duration (please specify dates), Date of Relapse(s) (month/year)

Please complete additional information on page 2, if applicable >>

PHARMACARE USE ONLY

Table with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL

ALEMTUZUMAB (LEMTRADA) FOR MULTIPLE SCLEROSIS

| | | |
|-----------------------|-------------------------|------------------------------|
| Patient (Family) Name | Patient (Given) Name(s) | Personal Health Number (PHN) |
|-----------------------|-------------------------|------------------------------|

SECTION 4 – COVERAGE FOR ALEMTUZUMAB (LEMTRADA): Second course: 12 mg IV daily for 3 consecutive days.

As second-line monotherapy for the treatment of relapsing-remitting multiple sclerosis.

Patient has received the initial treatment course. Date (month/year): _____

SECTION 5 – ADDITIONAL INFORMATION AS APPLICABLE

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.