BRITISH COLUMBIA | Ministry of Health

PHARMACARE SPECIAL AUTHORITY REQUEST

ALEMTUZUMAB (LEMTRADA) FOR MULTIPLE SCLEROSIS

HLTH 5482 2021/11/22

◯ **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 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 – PRESCRIBING NEUROLOGIST'S INFORMATION

MS Clinic Neurologist Name and Clinic 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)

ALEMTUZUMAB: 9901-0296

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

☐ As monotherapy for the treatment of relapsing-remitting multiple sclerosis, diagnosed according to the current clinical criteria and magnetic resonance imaging (MRI) evidence.

☐ Request is within 90 days of a neurologist exam and EDSS score is 5.0 or less.

EDSS Score: _____ Exam Date: _____

☐ Patient has had at least one relapse while on a minimum of six months of full and adequate treatment with at least two other MS disease modifying drug therapies within the last 10 years.

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

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 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 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.

_____
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.

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