



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 you have received this fax in error, please write "MIS-DIRECTED" across the front of the form and fax toll-free to 1 800 609-4884, then destroy the pages received in error.

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

Name and mailing address, Mail confirmation checkbox, College ID or MSP number, Phone number, Eligible specialist's fax number, Critical for a timely response

SECTION 2 - PATIENT INFORMATION

Patient (family) name, Patient (given) name(s), Date of birth, Date of application, Personal health number (PHN), Critical for processing

SECTION 3 - MEDICATION REQUESTED

SACUBITRIL + VALSARTAN: 9901-0289

sacubitril-valsartan (24 mg/26 mg, 49 mg/51 mg and 97 mg/103 mg tablets)

SECTION 4 - CRITERIA FOR INDEFINITE COVERAGE

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable):

- Prescriber authorizing this request is an internal medicine specialist or cardiologist.
Patient has heart failure with New York Heart Association Class II to III symptoms that have persisted despite at least four weeks of treatment at the optimum stable dose:
Of a beta-blocker and other recommended therapies, including an aldosterone antagonist (if tolerable).
Of an angiotensin-converting enzyme inhibitor (ACEI) or an angiotensin II receptor antagonist (ARB).
Name of ACEI or ARB trialed:
Duration of trial of prior ACEI or ARB (minimum 4 weeks required):
Provide left ventricular ejection fraction (LVEF) (<40%):

Sacubitril-valsartan should be administered in place of an ACEI or an ARB.

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.

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.

Eligible Specialist'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.

PHARMACARE USE ONLY

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