



INITIAL Complete sections 1 - 5, and 7

RENEWAL Complete sections 1 - 4, 6 and 7

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

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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.

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.

SECTION 1 - PRESCRIBING DERMATOLOGIST'S INFORMATION

Name and Mailing Address
College ID (use ONLY College ID number) Phone Number (include area code)
Dermatologist'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

ADALIMUMAB: 9901-0372 RDP4

SECTION 3 - MEDICATION REQUESTED FOR THE TREATMENT OF ACTIVE MODERATE TO SEVERE HIDRADENITIS SUPPURATIVA

Patient's Body Weight (KG)
ADALIMUMAB Initial: Initial dose 160 mg, then 80 mg on day 14, then 40 mg on day 28, then 40 mg weekly for 6 months
OR Renewal: 40 mg weekly for 1 year
ABRILADA AMGEVITA HADLIMA HULIO HYRIMOZ IDACIO SIMLANDI YUFLYMA

Please complete additional criteria on page 2

SECTION 4 - PRESCRIBER SIGNATURE

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). 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.
Prescriber'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

STATUS EFFECTIVE DATE (YYYY / MM / DD) DURATION OF APPROVAL

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
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**SECTION 5 – CRITERIA FOR INITIAL COVERAGE OF 6 MONTHS – PATIENT MUST MEET CRITERIA IN SECTIONS 5A-5E**

Due to the documented potential serious adverse events, and the high per patient costs, this medication is a Limited Coverage benefit subject to requirements of the Special Authority process.

<b>A</b> <input type="checkbox"/> Patient is 18 years of age or older				
<b>B</b> <input type="checkbox"/> Diagnosis of active moderate to severe Hidradenitis Suppurativa				
<b>C</b> <input type="checkbox"/> Hurley Stage (must currently be Hurley Stage II or III): _____				
<b>D</b> <input type="checkbox"/> Patient has failed to respond to a <b>recent</b> continuous 90 day trial of oral antibiotics at optimal dosing.				
ANTIBIOTIC(S) TRIED (MINIMUM 1 REQUIRED)	DOSE	FREQUENCY	DURATION	RESPONSE
<b>E</b> <input type="checkbox"/> Patient currently has a total abscess and nodule count of 3 or greater with lesions in at least 2 distinct anatomical areas and at least 1 draining sinus/fistula. <b>*Complete Section 7-Body map below.*</b>				
<b>F</b> Comorbidities:	<b>G</b> Additional Information (optional):			

**SECTION 6 – CRITERIA FOR RENEWAL COVERAGE OF 1 YEAR – PATIENT MUST MEET CRITERIA IN SECTION 6A BELOW**

<b>A</b> <input type="checkbox"/> Patient has maintained a minimum 50% reduction in the sum of abscesses and inflammatory nodules count with no increase in abscess count or draining fistula count relative to baseline. <b>*Complete Section 7-Body map below.*</b>
<b>B</b> Additional information (optional):
<input type="radio"/> Global Assessment < 50% improvement <input type="radio"/> Global Assessment > 50% improvement Details of improvement seen:

**SECTION 7 – BODY MAP – COMPLETE SECTION 7A AND 7B BELOW**

<p><b>A</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">TOTAL # ABSCESSES</td> </tr> <tr> <td style="padding: 5px;">TOTAL # NODULES</td> </tr> <tr> <td style="padding: 5px;">TOTAL # DRAINING SINUSES/FISTULA</td> </tr> </table>	TOTAL # ABSCESSES	TOTAL # NODULES	TOTAL # DRAINING SINUSES/FISTULA	
TOTAL # ABSCESSES				
TOTAL # NODULES				
TOTAL # DRAINING SINUSES/FISTULA				
<p><b>B</b> Complete <b>Body Map</b> by circling areas affected and providing number of abscesses (A#), nodules (N#) and draining sinuses/fistula (F#) in <b>each</b> area affected (eg. 2 abscesses=A2, 1 nodule=N1, etc):</p>				