



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 device 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 - PRESCRIBER'S INFORMATION

Form for Section 1: Prescriber's Name and Mailing Address, College ID, Phone Number, Prescriber's Fax Number, and a 'CRITICAL FOR A TIMELY RESPONSE' indicator.

SECTION 2 - PATIENT INFORMATION

Form for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), and a 'CRITICAL FOR PROCESSING' indicator.

SECTION 3 - INITIAL COVERAGE (duration of coverage: 1 year)

OBETICHOLIC ACID: 9901-0310

[] Prescribed by a gastroenterologist

[] For treatment of adult patient with confirmed diagnosis of primary biliary cholangitis (PBC) defined as:

- Positive antimitochondrial antibodies (AMA) OR
• Liver biopsy results consistent with PBC

AND

[] Obeticholic acid will be used in combination with ursodeoxycholic acid (UDCA) in patient who has experienced an inadequate response to UDCA after a minimum of 12 months treatment

[] Indicate UDCA treatment start date (DD/MM/YYYY):

[] Provide current clinical laboratory values as evidence of inadequate response:

Table with 4 columns: Test Name, DATE (DD/MM/YYYY), VALUE, ULN**. Rows include ALP* >= 1.67 x ULN** and Total Bilirubin > ULN** and < 2 x ULN**.

[] Compensated cirrhosis and supporting evidence of cirrhosis is attached (eg fibroscan, biopsy, ultrasound, and/or other clinical evidence of cirrhosis)

*ALP: Alkaline Phosphatase **ULN: Upper Limit of Normal

OR

[] Obeticholic acid will be used as monotherapy in patient who has experienced documented and unmanageable intolerance to ursodeoxycholic acid (UDCA). Provide clinical details of intolerance:

Large empty box for providing clinical details of intolerance.

Patient (Family) Name	Patient (Given) Name(s)	Personal Health Number (PHN)
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SECTION 4 – RENEWAL OF COVERAGE (duration of coverage: 1 year)

Patient continues to benefit from treatment with obeticholic acid **as evidenced by:**

	VALUE PRIOR TO OBETICHOLIC ACID (U/L)	CURRENT VALUE (U/L)
<input type="radio"/> A reduction in ALP level to < 1.67 x ULN		
OR		
<input type="radio"/> A 15% reduction in ALP level compared to baseline		

OR

If the above criteria are not met, please provide supplemental information to demonstrate that patient has responded to, or will continue to benefit from, obeticholic acid. Please provide details, as applicable:

SECTION 5 – ADDITIONAL COMMENTS

Please note: Obeticholic acid is contraindicated in PBC patients with decompensated cirrhosis, or a prior decompensation event, or with compensated cirrhosis who have evidence of portal hypertension.

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.

 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
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