



RENEWAL COVERAGE

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

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.

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs.

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 GASTROENTEROLOGIST'S INFO.

Name and Mailing 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)

SECTION 3 - MEDICATION REQUESTED

ADALIMUMAB: Abrilada, Amgevita, Hadlima, Hulio, Hyrimoz, Idacio, Simlandi, Yuflyma
INFLIXIMAB: Avsola, Inflectra, Remsima SC, Renflexis
RISANKIZUMAB: 1 year: 360 mg SC every 8 weeks
UPADACITINIB: 1 year: 15 mg PO once daily, 30 mg PO once daily
USTEKINUMAB: Steqeyma, Wezlana
VEDOLIZUMAB: 1 year: 300 mg IV every 8 weeks, 108 mg SC every 2 weeks

SECTION 4 - POST INDUCTION / CURRENT CLINICAL INFORMATION

Diagnosis: Moderate to Severe Active Crohn's, Active Fistulizing Crohn's
Impact of Current Condition on Work/Social Life: None, Mild, Moderate, Severe
Current Weight In Kg, Current Steroid Dose
FOR MODERATE TO SEVERE CROHN'S: Duration Of Effect (days), Current Harvey Bradshaw Index
FOR ACTIVELY FISTULIZING CROHN'S: Site of Fistula(e), Number of Fistulae, Fistula Drainage and Bleeding, Pain at Fistula Sites

PHARMACARE USE ONLY

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Status, Effective Date (YYYY / MM / DD), Duration of Approval

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
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SECTION 5 – CONCURRENT THERAPY *INCLUDE ALL antidiarrheals, narcotics, immunosuppressants, antibiotics*

	DRUG, DOSE/ROUTE, FREQUENCY
1	
2	
3	

SECTION 6 – CLINICAL MONITORING *(only required for off-criteria requests)*

Track the need for therapy (changes) and benefit from therapy (changes) for off-criteria consideration.

MONITORING PARAMETER		1	2	3	4
Endoscopy Score (SES-CD>7, isolated TI disease >3)	Date				
	Finding				
Fecal Calprotectin (>250)	Date				
	Finding				
Drug Level	Date				
	Finding				
Other (specify)	Date				
	Finding				

SECTION 7 – ADDITIONAL INFORMATION, IF APPLICABLE *Include any changes to therapy, surgical interventions, explain gaps in therapy.*

SECTION 8 – 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)*. 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.