



INITIAL Complete sections 1 – 5

RENEWAL Complete sections 1 – 4, & 6

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 – NEUROLOGIST INFORMATION

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

SECTION 3 MEDICATION REQUESTED

Levodopa / Carbidopa 20-5 mg/mL (Duodopa®) 9901-0330
Foslevodopa/foscarbidopa 240-12 mg/mL (Vyalev™) 9901-0463
Please note: Patient or caregiver must be able to demonstrate correct understanding and use of the delivery system chosen.

SECTION 4

For the management of severe cases of advanced idiopathic Parkinson's Disease AND
For Duodopa: In patients where benefit outweighs risk associated with the insertion and long term use of the percutaneous endoscopic gastrostomy-jejunostomy (PEG-J) tube required for administration.
Neurologist making the request currently practices at a movement disorder clinic.
Patient does not have severe psychosis or dementia.

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 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.

PHARMACARE USE ONLY

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

Patient Name	Personal Health Number (PHN)
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**SECTION 5: INITIAL COVERAGE REQUEST – 1 YEAR APPROVAL**

1. Diagnosis: (please check the boxes which apply and provide the requested details)

Patient experiences severe disability associated with at least 25% of the waking day in the off state and/or ongoing, bothersome levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day):

i. Provide percentage of the day that the patient is currently in the off state: \_\_\_\_\_

ii. Provide details regarding frequency of motor fluctuations and severity of associated disability:

2. Previous treatment trials:

A.  Patient has been assessed for DBS and is NOT eligible **OR** patient is on the DBS waitlist.

B.  Patient has received an adequate trial of maximally tolerated doses of levodopa-carbidopa, with demonstrated clinical response.

C.  Patient has failed adequate trials of each of the following adjunctive medications, if not contraindicated. Complete table below:

	Medication Trialed	Response (e.g. treatment failure/adverse event/contraindication to use)
COMT inhibitor		
Dopamine agonist		
MAO-B inhibitor		
Amantadine		

**SECTION 6: RENEWAL COVERAGE REQUEST – 1 YEAR APPROVAL**

1.  Patient continues to benefit from treatment, including significant reduction in the time spent in the off state and/or in ongoing bothersome levodopa-induced dyskinesias, along with an improvement in the severity of the disability in the off state.

2.  Percentage of the day that the patient is currently in the off state: \_\_\_\_\_

3.  Provide details regarding frequency of motor fluctuations and severity of associated disability:

4.  Patient has been assessed for DBS and is NOT eligible **OR** patient remains on the DBS waitlist for consultation or surgery.