



INITIAL Complete sections 1, 2, & 3

RENEWAL Complete sections 1, 2, & 4

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 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. 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.

SECTION 1 - NEUROLOGIST'S INFORMATION

Form for Neurologist's Information including fields for Name and Mailing Address, College ID, Phone Number, and Neurologist's Fax Number.

SECTION 2 - PATIENT INFORMATION

Form for Patient Information including fields for Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, and Personal Health Number (PHN).

SECTION 3 - INITIAL COVERAGE CRITERIA FOR SATRALIZUMAB: 1 YEAR

SATRALIZUMAB: 9901-0440

Dosage: 120mg SC at 0, 2 and 4 weeks, followed by 120mg SC every 4 weeks for maintenance

- As treatment of anti-aquaporin 4 (AQP4) seropositive NMOSD for patients aged 12 years or older.
Prescribed by a neurologist with expertise in the diagnosis and management of NMOSD.
Patient has an Expanded Disability Status Scale (EDSS) score of 6.5 points or less taken within the 3-month period immediately preceding satralizumab initiation.

Most recent EDSS score, date

PLUS one of the following:

- patient has had treatment failure resulting in at least one relapse of NMOSD within the previous 12 months despite a trial of optimally dosed rituximab OR tocilizumab
OR
patient cannot tolerate or has contraindications to both rituximab AND tocilizumab, leading to discontinuation or inability to use rituximab and tocilizumab.

Table with 4 columns: NAME OF PREVIOUSLY TRIED THERAPIES, DOSE, DURATION OF TRIAL (MONTHS), and DETAILS OF OUTCOME (FAILURE, CONTRAINDICATION, INTOLERANCE, OTHER). Rows include Rituximab and Tocilizumab.

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

Form for Pharmacist Use Only with fields for STATUS, EFFECTIVE DATE, and DURATION OF THERAPY / TERMINATION DATE.

SATRALIZUMAB FOR NEUROMYELITIS OPTICA SPECTRUM DISORDER (NMOSD)

PATIENT NAME	PHN	DATE (YYYY / MM / DD)
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SECTION 4 – RENEWAL COVERAGE CRITERIA FOR SATRALIZUMAB: 1 YEAR**Dosage: 120mg SC every 4 weeks**

- Prescribed by a neurologist with expertise in the diagnosis and management of NMOSD.
- Patient has maintained an EDSS score of less than 8 points taken within the 3-month period immediately preceding the renewal request.

Most recent EDSS score _____, date _____.

SECTION 5 – ADDITIONAL NOTES

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.