



SPECIAL AUTHORITY REQUEST
OCRELIZUMAB FOR PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS (PPMS)

HLTH 5813 Rev. 2021/01/22

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

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.

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 NEUROLOGIST'S INFORMATION

Name and Mailing Address
College ID (use ONLY College ID number) Phone Number (include area code)
Prescriber'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 - INITIAL COVERAGE CRITERIA FOR OCRELIZUMAB

9901-0350

Dosage: 300 mg at 0 and 2 weeks, followed by 600 mg after 6 months

- As treatment for Early PPMS diagnosed according to the McDonald criteria.
Prescribed by a neurologist from a designated multiple sclerosis clinic.

PLUS for patients meeting all of the following:

- Between 18 and 55 years of age.
Diagnostic imaging features characteristic of inflammatory activity.

With level of disability from disease meeting the criteria below:

- Recent Expanded Disability Status Scale (EDSS) score between 3.0 and 6.5 prior to initiation of ocrelizumab.

Specify EDSS value: , date :

AND: Disease duration from onset of multiple sclerosis meeting one of the below:

- Less than 15 years for those with an EDSS score greater than 5.0
Less than 10 years for those with an EDSS score equal to or less than 5.0

AND: Functional Systems Scale (FSS) score of at least 2.0 for the pyramidal system due to lower extremity findings.

Specify score:

Note that FSS scores associated with disability in other systems such as brainstem or cerebellar can be considered.

Specify below if applicable:

Empty box for specifying FSS scores in other systems.

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

Table with 3 columns: STATUS, EFFECTIVE DATE (YYYY / MM / DD), DURATION OF APPROVAL

# OCRELIZUMAB FOR PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS (PPMS)

PATIENT NAME	PHN
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## SECTION 4 – RENEWAL COVERAGE CRITERIA FOR OCRELIZUMAB

### Dosage: 600 mg every 6 months

- As treatment for Early PPMS diagnosed according to the McDonald criteria.
- Prescribed by a neurologist from a designated multiple sclerosis clinic.
- Evidence of continued benefit as shown by a recent EDSS equal to or under 7.

Specify EDSS value: \_\_\_\_\_, date : \_\_\_\_\_.

## SECTION 5 – COMMENTS

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.

\_\_\_\_\_  
Prescribing 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.*