BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST

EDARAVONE (ORAL SUSPENSION AND INTRAVENOUS SOLUTION) FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)

HLTH 5814 Rev. 2023/08/09

○ **INITIAL**
Complete sections 1 – 4

○ **RENEWAL**
Complete sections 1 – 2 & 4 – 5

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 medication is, or is not, suitable for any specific patient or condition.

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.

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 ALS SPECIALIST'S INFORMATION

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 – INITIAL COVERAGE CRITERIA (6 month coverage)

9901-0351

Patient has (all must be applicable and completed):

- ☐ a diagnosis of probable amyotrophic lateral sclerosis (ALS) or definite ALS
- ☐ had ALS symptoms for two years or less
- ☐ scores of at least 2 points on each item of the ALS Functional Rating Scale - Revised (ALSFRS-R) (attach a copy of the completed ALSFRS-R form to this request)
- ☐ a forced vital capacity (FVC) greater than or equal to 80% of predicted (attach a copy of a current PFT report to this request)
- ☐ no current need for permanent non-invasive or invasive ventilation

SECTION 4 – ALS SPECIALIST'S 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.

Prescribing ALS Specialist'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.

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

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

EDARAVONE (ORAL SUSPENSION AND INTRAVENOUS SOLUTION) FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)

PATIENT NAME	PHN

SECTION 5 – RENEWAL COVERAGE CRITERIA (6 months coverage)

Coverage will not be renewed if the conditions in BOTH 5A and 5B below are met;
additionally coverage will not be renewed if criteria in 5C has been met. Please complete the items below.

5A: Has this patient become non-ambulatory? (ALSFRS-R score ≤ 1 for the item below):

- ◯ Normal (4)
- ◯ Early ambulation difficulties (3)
- ◯ Walks with assistance (2)
- ◯ Non-ambulatory functional movement (1)
- ◯ No purposeful leg movement (0)

5B: Is this patient unable to cut food and feed themselves without assistance, irrespective of whether a gastrostomy is in place (ALSFRS-R score of zero for the applicable item below):

WITHOUT gastrostomy - Cutting food and handling utensils:

- ◯ Normal (4)
- ◯ Somewhat slow and clumsy, but no help needed (3)
- ◯ Can cut most foods, although slow and clumsy; some help needed (2)
- ◯ Food must be cut by someone, but can still feed slowly (1)
- ◯ Needs to be fed. (0)

WITH gastrostomy - Cutting food and handling utensils:

- ◯ Normal (4)
- ◯ Clumsy, but able to perform all manipulations independently (3)
- ◯ Some help needed with closures and fasteners (2)
- ◯ Provides minimal assistance to caregiver (1)
- ◯ Unable to perform any aspect of the task (0)

5C: If this patient requires permanent non-invasive or invasive ventilation, coverage will not be renewed (score of ≤ 1 below). Please clarify level of respiratory insufficiency below:

- ◯ None (4)
- ◯ Intermittent use of BiPAP (bilevel positive airway pressure ventilator) (3)
- ◯ Continuous use of BiPAP during the night (2)
- ◯ Continuous use of BiPAP during day and night (1)
- ◯ Invasive mechanical ventilation by intubation or tracheostomy (0)

SECTION 6 – COMMENTS (Please make additional comments as applicable)