BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST
LETERMOVIR

HLTH 5816 2021/04/28

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 – LEUKEMIA/BMT PROGRAM SPECIALIST INFORMATION

Name and Mailing Address	
College ID (use ONLY College ID number)	Phone Number (include area code)
CRITICAL FOR A TIMELY RESPONSE →	Specialist'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 – COVERAGE CRITERIA FOR LETERMOVIR tablet 240 mg, 480 mg

Duration of coverage: up to 100 days **9901-0371**

- ☐ Prescriber authorizing this request is a Leukemia/Bone Marrow Transplant Program specialist.
- ☐ For the prophylaxis of cytomegalovirus (CMV) infection in adult CMV-seropositive recipient [R+] of an allogeneic hematopoietic stem cell transplant (HSCT) who are at high risk of CMV infection meeting ONE of the following criteria (check one as applicable):
  - ☐ umbilical cord blood as stem cell source transplant recipient
  - ☐ haploidentical recipient
  - ☐ recipient of T-cell depleted grafts
  - ☐ recipient of related or unrelated mismatched allogenic stem cell transplant
  - ☐ recipient treated with antithymocyte globulin (ATG) for conditioning
  - ☐ recipient requiring high-dose steroids (defined as the use of ≥ 1 mg/kg/day of prednisone or equivalent dose of another corticosteroid) for acute graft versus host disease (GVHD)
  - ☐ recipient treated with ATG for steroid refractory acute GVHD treatment
  - ☐ recipient with documented history of CMV disease prior to transplantation. **A copy of consult notes that document prior CMV disease is attached.**

AND

- ☐ Patient has an undetectable CMV DNA at baseline (**less than 35 IU/mL**). **A copy of the quantitative CMV DNA report is attached.**

AND

- ☐ Letermovir should be started no later than 28 days post-transplant.

Date of HSCT	Duration of Coverage Requested (up to 100 days)

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.

Leukemia/BMT Program 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.

PHARMACARE USE ONLY

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

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