



INITIAL Complete sections 1, 2 & 3

RENEWAL Complete sections 1, 2 & 4

RETREATMENT Complete sections 1, 2, 3 & 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 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.

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

MS Clinic Neurologist Name and Clinic 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 FOR CLADRIBINE (MAVENCLAD)

CLADRIBINE: 9901-0391

As second-line monotherapy for the treatment of relapsing-remitting multiple sclerosis (RRMS) which is diagnosed according to the current clinical criteria and magnetic resonance imaging (MRI) evidence.

Most recent EDSS score.

EDSS Score: Exam Date:

PLUS, for patients meeting ALL of the following:

- A. Prescribed by a neurologist from a designated MS clinic
B. Patient has had at least one relapse within the previous 12 months
C. Patient has had an inadequate response to, or are unable to tolerate one previous therapy for RRMS

Table with 4 columns: Name of Previous Disease Modifying Agent, Dose and frequency, Duration (please specify dates), Date of Relapse(s) (month/year)

Please complete additional information on page 2, if applicable >>

PHARMACARE USE ONLY

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

Patient (Family) Name	Patient (Given) Name(s)	Personal Health Number (PHN)
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SECTION 4 – RENEWAL COVERAGE FOR CLADRIBINE (MAVENCLAD)

As monotherapy for the treatment of relapsing-remitting multiple sclerosis.

Patient has received the initial treatment course. Date (month/year): _____

SECTION 5 – OVERALL CLINICAL IMPRESSION OF BENEFIT FROM PRIOR CLADRIBINE THERAPY

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.