



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
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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.

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 - NEUROLOGIST'S INFORMATION

Form for Neurologist's Information including fields for Name and Mailing Address, College ID, Phone Number, and Fax Number. Includes 'CRITICAL FOR A TIMELY RESPONSE' label.

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). Includes 'CRITICAL FOR PROCESSING' label.

SECTION 3 - INITIAL COVERAGE FOR SIPONIMOD (MAYZENT): ONE YEAR

SIPONIMOD: 9901-0392

- As monotherapy for the treatment of secondary progressive multiple sclerosis (SPMS), diagnosed according to the current clinical criteria and magnetic resonance imaging (MRI) evidence.
Prescribed by a neurologist from a designated multiple sclerosis clinic.

PLUS, for patients meeting ALL of the following:

- A. A history of relapsing-remitting multiple sclerosis (RRMS) and current active SPMS
AND
B. Expanded Disability Status Scale (EDSS) score of 3.0 to 6.5
AND
C. Documented EDSS progression during the two years prior to initiating treatment with siponimod

Most recent EDSS score: Exam date:

Prior EDSS within 2 years documenting progression: Exam date:

Note: Patients should be assessed for a response to siponimod every six months.

Please complete additional information on page 2 >>

PHARMACARE USE ONLY

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

SIPONIMOD FOR SECONDARY PROGRESSIVE FOR MULTIPLE SCLEROSIS

Patient (Family) Name	Patient (Given) Name(s)	Personal Health Number (PHN)
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SECTION 4 – RENEWAL COVERAGE FOR SIPONIMOD (MAYZENT), ONE YEAR

- As monotherapy for the treatment of secondary progressive multiple sclerosis.
- Prescribed by a neurologist from a designated multiple sclerosis clinic.

PLUS, for patients meeting ALL of the following:

- Patient did not exhibit evidence of disease progression since the previous assessment. Disease progression is defined as an increase in the EDSS score of ≥ 1 point if the EDSS score was 3.0 to 5.0 at siponimod initiations, or an increase of ≥ 0.5 points if the EDSS score was 5.5 to 6.5 at siponimod initiation.

EDSS score at siponimod initiation: _____ Exam date: _____

Current EDSS score: _____ Exam date: _____

AND

- Patient did not progress to an EDSS score of equal to or greater than 7.0 at any time during siponimod treatment.

AND

- Patient did not experience worsening of at least 20% on the timed 25-foot walk since initiating siponimod treatment..

Note: Patients should be assessed for a response to siponimod every six months.

SECTION 5 – ADDITIONAL NOTES

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.

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.