



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 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 - PRESCRIBER 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 - MEDICATION COVERAGE

ICOSAPENT ETHYL: 9901-0418

Icosapent ethyl 1g capsule (up to 4g daily)

SECTION 4 - CRITERIA FOR INITIAL COVERAGE: INDEFINITE

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable):

- A. Patient is 45 years of age or greater.
B. Patient has established cardiovascular disease requiring secondary prevention.
C. Patient is currently receiving maximally tolerated statin therapy for a minimum of 4 weeks, targeted to achieve a low-density lipoprotein cholesterol (LDL-C) lower than 1.8 mmol/L for secondary prevention.
D. Patient has a fasting triglyceride between 1.70 mmol/L and 5.59 mmol/L measured within the 3-month period immediately preceding treatment initiation with icosapent ethyl.

Triglyceride \_\_\_\_\_ mmol/L Lab Date (YYYY/MM/DD) \_\_\_\_\_

- E. Patient has a LDL-C between 1.01 mmol/L and 2.59 mmol/L measured within the 3-month period immediately preceding treatment initiation with icosapent ethyl.

LDL \_\_\_\_\_ mmol/L Lab Date (YYYY/MM/DD) \_\_\_\_\_

OR

- OR Patient's LDL-C cannot be calculated due to high fasting triglyceride.

SECTION 6 - ADDITIONAL COMMENTS

Empty box for additional 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.

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.

Prescriber'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

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