



INITIAL - Complete sections 1 - 4

RENEWAL - Complete sections 1 - 3, and 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

If PharmaCare approves this Special Authority request, approval is granted solely for the purpose of covering prescription costs.

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 - HEMATOLOGIST INFORMATION

Name and Mailing Address
College ID (use ONLY College ID number)
Phone Number (include area code)
Hematologist'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 - MEDICATION REQUESTED AND PATIENT WEIGHT (must be requested by a hematologist)

LUSPATERCEPT
25 mg and 75 mg vials for subcutaneous injection
9901-0421
Current Weight: (kg)
A maximum of 1.25 mg/kg (up to 120 mg total dose) every three weeks will be approved for eligible patients.

SECTION 4 - CRITERIA FOR INITIAL COVERAGE: 6 MONTHS

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable)
A. Confirmed diagnosis of transfusion-dependent anemia associated with beta-thalassemia in an adult patient
B. Number of RBC units transfused over the preceding 24 weeks:
Table with 2 columns: 24 Week Date Range, Number of RBC Units

SECTION 5 - CRITERIA FOR RENEWAL: 6 MONTHS

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable)
Attain and maintain a minimum 33% reduction in transfusion burden (number of RBC units over the most representative 12 week period from within the 6 months immediately preceding this request) when compared to the pre-treatment baseline RBC transfusion burden (measured over the 24 weeks prior to initiating treatment with luspatercept).
Table with 2 columns: 12 Week Date Range, Number of RBC Units

Patient (Family) Name	Patient (Given) Name(s)	Personal Health Number (PHN)
-----------------------	-------------------------	------------------------------

SECTION 6 – ADDITIONAL COMMENTS

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.

Hematologist 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
--------	---------------------------------	----------------------