



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 - CARDIOLOGIST'S INFORMATION

Form fields for Section 1: Prescriber's Name and Mailing Address, College ID, Phone Number, Cardiolgist's Fax Number, and a 'CRITICAL FOR A TIMELY RESPONSE' indicator.

SECTION 2 - PATIENT INFORMATION

Form fields for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN), and a 'CRITICAL FOR PROCESSING' indicator.

SECTION 3 - MEDICATION REQUESTED

MAVACAMTEN: 9901-0474

Form field for Section 3: mavacamten (2.5 mg, 5 mg, 10 mg, 15 mg capsules)

SECTION 4 - CRITERIA FOR INITIAL COVERAGE: 24 WEEKS

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable). For the treatment of symptomatic obstructive hypertrophic cardiomyopathy (oHCM) with New York Heart Association (NYHA) Class II to III symptoms for patients aged 18 years or older...

SECTION 5 - CRITERIA FOR COVERAGE RENEWAL: 1 YEAR

Renewal subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable). For renewal of coverage, the cardiologist must document that patients meet ALL of the following:

PLEASE SEE PAGE 2 FOR REQUIRED SIGNATURE: ➔

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 6 – OPTIONAL 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.

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Cardiologist'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.*