



INITIAL - PEDIATRIC
Complete sections 1 - 4A, 6

INITIAL - ADULT
Complete sections 1 - 3, 4B, 6

RENEWAL
Complete sections 1 - 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-patient 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 - GASTROENTEROLOGIST INFORMATION

Name and Mailing Address
College ID (use ONLY College ID number) Phone Number (include area code)
Gastroenterologist'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

9901-0485

TEDUGLUTIDE 5mg/vial SC injection
Current Weight: (kg) A maximum dose of 0.05 mg/kg per day will be approved for eligible patients.

SECTION 4 - CRITERIA FOR INITIAL COVERAGE: 6 MONTHS (Complete A below or B on page 2)

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

A. PEDIATRIC PATIENTS AGED 1 TO UNDER 18 YEARS

For pediatric patients, requests must be submitted by a gastroenterologist currently working within a specialized multi-disciplinary intestinal rehabilitation program.

Note: Parenteral support (PS) is defined as parenteral nutrition (intravenous feeding of protein, carbohydrate, fat, vitamins, minerals, and other nutrients needed to meet nutrition needs) and/or intravenous hydration.

- For the treatment of short bowel syndrome (SBS) in pediatric patients dependent on parenteral support (PS).
PS requirements are stable, or there has been no improvement in enteral feeding over the preceding three months.
Provide average PS volume per day (calculated using data from a diary kept by the patient/caregiver over the 4-week period immediately preceding this request). PharmaCare will not accept changes to this baseline number on future renewal requests.
Date average calculated: Average parenteral volume/day: mL
PS provides more than 30% of caloric and/or fluid/electrolyte needs.
Specify percentage of caloric needs provided by PS: %
Specify percentage of fluid/electrolyte needs provided by PS: %
The cumulative lifetime duration of PS is at least 12 months.

GASTROENTEROLOGIST SIGNATURE

Please complete additional information on page 2 >>

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.

Gastroenterologist'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

STATUS EFFECTIVE DATE (YYYY / MM / DD) DURATION OF APPROVAL

TEDUGLUTIDE FOR SHORT BOWEL SYNDROME

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

SECTION 4 – CRITERIA FOR INITIAL COVERAGE: 6 MONTHS (Complete A on page 1 or B below) – *continued* Approval subject to patient having met ALL of the criteria below (mark boxes and complete blanks as applicable)

B. ADULT PATIENTS 18 YEARS OF AGE AND OLDER

For adult patients, requests must be submitted by a gastroenterologist with expertise in the treatment of short bowel syndrome.

Note: Parenteral support (PS) is defined as parenteral nutrition (intravenous feeding of protein, carbohydrate, fat, vitamins, minerals, and other nutrients needed to meet nutrition needs) and/or intravenous hydration.

- For the treatment of short bowel syndrome (SBS) in adult patients who are dependent on parenteral support (PS).
- SBS is a result of major intestinal resection (e.g., due to injury, volvulus, vascular disease, cancer, Crohn's Disease, etc.).
- Resection has resulted in dependency on PS over the entire 12-month period immediately preceding this request.

Specify percentage of caloric needs provided by PS: _____%

Specify percentage of fluid/electrolyte needs provided by PS: _____%

- PS frequency has been stable for the 4-week period immediately preceding this request AND PS is required at least three times weekly to meet caloric, fluid or electrolyte needs due to ongoing malabsorption. Provide average PS frequency per week (calculated using data from a diary kept by the patient/caregiver over the 4-week period immediately preceding this request):

Date average calculated: _____ Average frequency/week: _____

- PS volume has been stable for the 4-week period immediately preceding this request. Provide average PS volume per day (calculated using data from a diary kept by the patient/caregiver over the 4-week period immediately preceding this request). PharmaCare will not accept changes to this baseline number on future renewal requests.

Date average calculated: _____ Average parenteral volume/day: _____ mL

SECTION 5 – CRITERIA FOR RENEWAL: 1 YEAR

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

For pediatric patients, requests must be submitted by a gastroenterologist currently working within a specialized multi-disciplinary interstitial rehabilitation program. For adult patients, requests must be submitted by a gastroenterologist with expertise in the treatment of short bowel syndrome.

- Patient has attained and maintained a minimum reduction of 20% in average parenteral support (PS) volume per day compared to the pre-teduglutide average PS volume per day. Provide current average PS volume per day (calculated using data from a diary kept by the patient/caregiver over the 4-week period immediately preceding this request).

Date average calculated: _____ Average parenteral volume/day: _____ mL

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).