BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST

RUXOLITINIB

HLTH 5850 Rev. 2023/11/22

◯ **INITIAL**
Complete sections 1 – 4A or 4B, & 6 – 7

◯ **RENEWAL**
Complete sections 1 – 3 & 5 – 7

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.

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.

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.

SECTION 1 – LEUKEMIA/BMT PROGRAM SPECIALIST'S INFO.

Name and Mailing Address	
College ID (use ONLY College ID number)	Phone Number (include area code)
CRITICAL FOR A TIMELY RESPONSE →	Specialist'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 REQUESTED

☐ RUXOLITINIB 5 mg, 10 mg tablets **9901-0442**

SECTION 4 – INITIAL COVERAGE CRITERIA

Complete EITHER Section 4A OR Section 4B (page 2)

PharmaCare coverage is only considered when requested by Leukemia/BMT program specialist

◯ **4A Acute graft-versus-host disease (aGvHD) in patients 12 years of age and older. Duration of coverage: 4 weeks.**

☐ Patient has acute graft-versus-host disease (aGvHD) grade II to IV

AND

☐ Patient has confirmed diagnosis of corticosteroid refractory or costicosteroid dependent aGvHD[1]

AND

☐ Patient is not receiving additional treatment with systemic therapies for aGvHD (except for calcineurin inhibitors)

NOTES:

[1] Corticosteroid refractory in aGvHD is defined by one or more of the following criteria:

a. Progressing based on organ assessment after at least 3 days compared to organ stage at the time of initiation of high-dose systemic corticosteroid ± calcineurin inhibitor for the treatment of Grade II-IV aGvHD.
b. Failure to achieve at a minimum partial response based on organ assessment after 7 days compared to organ stage at the time of initiation of high-dose systemic corticosteroid ± calcineurin inhibitor for the treatment of Grade II-IV aGvHD
c. Patients who fail corticosteroid taper defined as fulfilling either one of the following criteria:
   i. Requirement for an increase in the corticosteroid dose to methylprednisolone $\geq$ to 2 mg/kg/day (or equivalent prednisone dose $\geq$ 2.5 mg/kg/day)
   ii. Failure to taper the methylprednisolone dose to < 0.5 mg/kg/day (or equivalent prednisone dose < 0.6 mg/kg/day) for a minimum 7 days.
d. Patients who have recurrent flare ups during prednisone taper or with significant steroid toxicities precluding higher steroid doses.

Please complete additional information on page 2 >>

PATIENT NAME	PHN

SECTION 4 – INITIAL COVERAGE CRITERIA

Complete EITHER Section 4A (page 1) OR Section 4B

◯ **4B Chronic graft-versus-host disease (cGvHD) in patients 12 years of age and older. Duration of coverage: 24 weeks.**

☐ Patient has moderate to severe chronic graft-versus-host disease (cGvHD) according to National Institutes of Health (NIH) consensus criteria

AND

☐ Patient has experienced inadequate response to corticosteroids[2] or corticosteroids with other systemic therapies

AND

☐ Patient is not receiving additional treatment with systemic therapies for cGvHD (except for calcineurin inhibitors)

NOTES:

[2] Corticosteroid refractory in cGvHD is defined according to the NIH consensus criteria is, irrespective of the concomitant use of a calcineurin inhibitor:

a. A lack of response or disease progression after administration of minimum prednisone 1mg/kg/day for at least 1 week (or equivalent); or
b. Disease persistence without improvement despite continued treatment with prednisone at > 0.5 mg/kg/day or 1 mg/kg/every other day for at least 4 weeks (or equivalent); or
c. Increase to prednisone dose to > 0.25 mg/kg/day after two unsuccessful attempts to taper the dose (or equivalent).
d. Patients who have recurrent flare ups during prednisone taper or with significant steroid toxicities precluding higher steroid doses.

SECTION 5 – RENEWAL COVERAGE CRITERIA

PharmaCare coverage is only considered when requested by Leukemia/BMT program specialist

◯ **5A Renewal coverage for acute graft-versus-host disease (aGvHD) in patients 12 years of age and older. Duration of coverage: 12 weeks**

☐ Patient has achieved an overall response (i.e. complete response, very good partial response, partial response, or stable disease with significant reduction in steroid doses), at day 28 of treatment and maintains ongoing clinical benefit.

◯ **5B Renewal coverage for chronic graft-versus-host disease (cGvHD) in patients 12 years of age and older. Duration of coverage: 24 weeks**

☐ Patient has achieved an overall response (i.e. complete response, very good partial response, partial response, or stable disease with significant reduction in steroid doses), after 24 weeks of treatment and maintains ongoing clinical benefit.

SECTION 6 – COMMENTS (Please make additional comments as applicable)

SECTION 7 – LEUKEMIA/BMT PROGRAM SPECIALIST'S SIGNATURE

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.

Leukemia/BMT Program Specialist'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.

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