



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 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 - 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 REQUESTED

Romosozumab 9901-0441

ROMOSOZUMAB 105 mg/1.17 mL syringes, 210 mg once monthly for up to 12 months

SECTION 4 - CRITERIA FOR COVERAGE

Maximum duration of coverage is 12 months per lifetime. The duration of coverage may be adjusted to account for any romosozumab therapy the patient had prior to being approved for PharmaCare Special Authority.

Approval subject to ALL of the criteria below being met (mark boxes and complete blanks as applicable):
Patient is a woman with postmenopausal osteoporosis
Patient has sustained an osteoporotic fracture
Date of osteoporotic fracture: Location of osteoporotic fracture:
Patient is stratified as high (>= 20%) risk of fracture per FRAX. Copy of FRAX assessment is attached.
Patient is treatment naive to osteoporosis medications, except for calcium and/or vitamin D
Patient will not be prescribed other osteoporosis medications concurrently with romosozumab, except for calcium and/or vitamin D

SECTION 5 - ADDITIONAL INFORMATION

Empty box for additional information

SECTION 6 - PRESCRIBER 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.
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 columns: STATUS, EFFECTIVE DATE, DURATION OF THERAPY / TERMINATION DATE