



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 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.

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.

SECTION 1 - PRESCRIBING RESPIROLOGIST'S/ALLERGIST'S INFORMATION SECTION 2 - PATIENT INFORMATION

Form for Section 1: Name and Mailing Address, College ID, Phone Number, Respirologist's/Allergist's Fax Number

Form for Section 2: Patient (Family) Name, Patient (Given) Name(s), Date of Birth, Date of Application, Personal Health Number (PHN)

SECTION 3 - MEDICATION REQUESTED

TEZEPELUMAB (12 yrs +) 9901-0446
210 mg / 1.91 mL (110 mg/mL) SC every 4 weeks

Tezepelumab should not be used in combination with other biologics to treat asthma (PharmaCare will only cover ONE biologic for asthma at a time)

SECTION 4 - CRITERIA FOR INITIAL COVERAGE: 1 YEAR

PharmaCare coverage is considered for the add-on maintenance treatment of severe asthma in patients 12 years or older for tezepelumab when requested by a respirologist/allergist with expertise in treating asthma.

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

- A. Patient has a diagnosis of severe asthma
B. Patient has asthma symptoms that are currently inadequately controlled with high-dose inhaled corticosteroids...

Table with 4 columns: MEDICATION TRIALED, DOSE AND FREQUENCY, DURATION OF TRIAL, RESPONSE. Rows include Inhaled corticosteroid, Long-acting beta-agonist (LABA), and Other.

- C. Please complete the Asthma Control Questionnaire-5 (ACQ-5) mean score within 90 days prior to treatment with tezepelumab.

Table with 3 columns: DATE (YYYY/MM/DD), SCORE. Row: Prior to tezepelumab treatment (within 90 days)

- D. Currently receiving maintenance treatment with oral corticosteroids (≥ 5 mg prednisone equivalent per day for at least 6 months).

Provide current prednisone dose: \_\_\_\_\_ mg/day. Start date: \_\_\_\_\_

OR

- Patient has experienced 2 or more clinically significant asthma exacerbations in the last 12 months. Provide:

Number of courses of systemic glucocorticoids administered due to an asthma exacerbation in the past 12 months.

Number of emergency department visits due to an asthma exacerbation in the past 12 months.

Number of hospitalizations due to an asthma exacerbation in the past 12 months.

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

**SECTION 5 – CRITERIA FOR RENEWAL: 1 YEAR**

- A.** Prescriber authorizing this request is a respirologist/allergist with experience in treating asthma.
- B.**  Asthma Control Questionnaire-5 (ACQ-5) must demonstrate minimal clinically important difference of improvement for first renewal defined as a decrease of  $\geq 0.5$  points of the mean score compared to pre-treatment mean score.
- Please note:** The difference in score achieved the first year must be maintained for continued renewal

**Please complete a. and b. for first renewal and ALL rows for subsequent renewals.**

|           |  | DATE (YYYY/MM/DD) | SCORE                       | SCORE DIFFERENCE                                     |
|-----------|--|-------------------|-----------------------------|--|
| <b>a.</b> | Pre-tezepelumab<br>(within 90 days prior to treatment)   |                   | <b>Pre-treatment score:</b> | <b>(Pre-treatment score) - (First renewal score)</b> |
|           |  |                   |                             |  |
| <b>b.</b> | <b>First renewal at 12 months:</b><br>Post-tezepelumab (between 9-12 months from treatment initiation) |                   | <b>First renewal score:</b> | <b>(Pre-treatment score) - (Current score)</b>       |
|           |  |                   |                             |  |
| <b>c.</b> | <b>Subsequent renewal:</b><br>Current (within past 90 days)  |                   | <b>Current score:</b>       |  |
|           |  |                   |                             |  |

- C.**  Patient's number of clinically significant asthma exacerbations have stabilized or improved versus baseline. **Provide:**
- \_\_\_\_\_ **Number of courses of systemic glucocorticoids administered** due to an asthma exacerbation in the past 12 months.
- \_\_\_\_\_ **Number of emergency department visits** due to an asthma exacerbation in the past 12 months.
- \_\_\_\_\_ **Number of hospitalizations** due to an asthma exacerbation in the past 12 months.

**OR**

- Patient has achieved a decrease in the maintenance oral corticosteroid dose:
- Pre-tezepelumab prednisone dose: \_\_\_\_\_ mg/day
- Current prednisone dose: \_\_\_\_\_ mg/day

**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.

\_\_\_\_\_  
Respirologist's/Allergist'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 |
|--------|---------------------------------|----------------------|