BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST
FINERENONE

HLTH 5856 2024/02/21

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 device 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 – PRESCRIBER'S INFORMATION

Prescriber's 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

FINERENONE: 9901-0449

☐ finerenone (10 mg, 20 mg tablets)

SECTION 4 – CRITERIA FOR INDEFINITE COVERAGE

Coverage as an adjunct to standard of care therapy* to reduce the risk of end-stage kidney disease and a sustained decrease in estimated glomerular filtration rate (eGFR), and cardiovascular death, non-fatal myocardial infarction, and hospitalization for heart failure in adult patient who meets ALL criteria below:

☐ Patient has both type 2 diabetes (T2D) **and** chronic kidney disease (CKD) **with** an estimated glomerular filtration rate (eGFR) of at least 25ml/min/1.73m^2

AND ☐ Patient has an albuminuria level of at least 3 mg/mmol (or 30mg/g)

AND ☐ Patient must be receiving maximally tolerated doses of both:

- ☐ angiotensin-converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB)
- **AND** ☐ sodium-glucose cotransporter-2 inhibitor (SGLT2i).

If not, please provide details of intolerance/ contraindication to SGLT2i: _____

AND ☐ Patient does **not** have chronic heart failure(CHF) NYHA class II-IV.

AND ☐ Patient is **not** on concurrent treatment with a different Mineralocorticoid Receptor Antagonist (MRA)

AND ☐ Treatment is prescribed by a prescriber with experience in the diagnosis and management of patients with T2D and CKD, or in consultation with a nephrologist.

* Standard of care therapy in patients with CKD and T2D who have persistent albuminuria, is defined as maximally tolerated doses of an ACEi or ARB, in combination with an SGLT2i, unless SGLT2i are contraindicated or not tolerated.

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.

_____
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

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

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