BRITISH COLUMBIA | Ministry of Health

SPECIAL AUTHORITY REQUEST

EVOLOCUMAB FOR TREATMENT OF ACUTE CORONARY SYNDROME

HLTH 5874 2026/06/30

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 – CARDIOLOGIST/INT. MEDICINE SPECIALIST INFO

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 COVERAGE

EVOLOCUMAB: 9901-0314

evolocumab 140 mg (140 mg/mL) subcutaneous injection every 2 weeks

SECTION 4 – CRITERIA FOR COVERAGE: INDEFINITE

PharmaCare coverage is considered for treatment after acute coronary syndrome in adult patients who do not meet lipid target levels after 4 weeks of statin therapy +/– ezetimibe.

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

A. ☐ For the reduction of elevated low-density lipoprotein cholesterol (LDL-C) in adult patients with primary hyperlipidemia (atherosclerotic cardiovascular disease [ASCVD]) when the Special Authority request is submitted within 52 weeks of initial hospitalization of acute coronary syndrome (ACS) defined as myocardial infarction or unstable angina.

☐ Attached is a copy of hospital discharge letter confirming date and type of ACS event. Date of initial hospitalization of ACS _____ (YYYY/MM/DD)

B. Please complete the following for the most recent lipid marker being used to direct treatment, which must be dated within 3 months preceding the treatment of evolocumab.

◯ LDL-C ◯ non-HDL-C ◯ Apo-B

_____ mmol/L or g/L Lab Date: _____ (YYYY/MM/DD)

C. ☐ Patient has elevated LDL-C levels, defined as an LDL-C ≥ 1.8 mmol/L, or non–high-density lipoprotein cholesterol (non-HDL-C) ≥ 2.4 mmol/L, or apolipoprotein B (ApoB) ≥ 0.7 g/L.

◯ **1.** Despite receiving maximally tolerated dose of high-intensity HMG-CoA reductase inhibitors (statins) therapy defined as at least atorvastatin 40 mg daily or equivalent for a minimum of 4 weeks

OR ◯ **2.** Patient is unable to tolerate at least 2 HMG-CoA Reductase Inhibitors (statins) even with dose reduction and rechallenge

i. Statin #1 tried and details of intolerance: _____

ii. Statin #2 tried and details of intolerance: _____

OR ◯ **3.** Patient has confirmed rhabdomyolysis

OR ◯ **4.** Treatment with statins is contraindicated (provide details): _____

_____

D. ◯ Ezetimibe trial has been completed for a minimum of 4 weeks if **LDL-C is ≤ 2.2 mmol/L, or non–HDL-C is ≤ 2.9 mmol/L, or ApoB is ≤ 0.8 g/L** despite maximally tolerated statin therapy.

i. if patient unable to complete 4 week trial of ezetimibe, provide details of intolerance: _____

OR

◯ Evolocumab can be initiated with or without ezetimibe if **LDL-C is > 2.2 mmol/L, or non–HDL-C is > 2.9 mmol/L, or ApoB is > 0.8 g/L** despite maximally tolerated statin therapy.

Please complete additional information on page 2 >>

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

SECTION 6 – ADDITIONAL COMMENTS

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.

Cardiologist's or Internal Medicine 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.

PHARMACARE USE ONLY

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

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