

SPECIAL AUTHORIZATION REQUEST FOR COVERAGE OF HIGH COST CANCER DRUGS (ABIRATERONE, AFATINIB, ENZALUTAMIDE, VEMURAFENIB)

PATIENT MUST ALSO COMPLETE A COPY OF THE HIGH COST DRUG PROGRAM APPLICATION FORM.

Fax requests to (902) 368-4905 OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

SECTION 1 – PRESCRIBER INFORMATION

SECTION 2 – PATIENT INFORMATION

NAME AND MAILING ADDRESS	PATIENT (FAMILY NAME)	PATIENT (GIVEN NAME)
	DATE OF BIRTH (YYYY/MM/DD)	PERSONAL HEALTH NUMBER (PHN)
PHONE NUMBER (INCLUDE AREA CODE):	PATIENT'S MAILING ADDRESS	
FAX NUMBER (INCLUDE AREA CODE):		

SECTION 3 – MEDICATION AND DOSE SELECTION

ABIRATERONE ACETATE (ZYTIGA) – Coverage will be approved for a maximum of 12 months at one time.	
Indicate Dosing Regime (required):	
<input type="checkbox"/>	Metastatic Prostate Cancer- In combination with prednisone for the treatment of metastatic prostate cancer (castration-resistant prostate cancer) in patients who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy, or have received prior chemotherapy containing docetaxel after failure of androgen deprivation therapy.
AFATINIB (GIOTRIF) – Coverage will be approved for a maximum of 12 months at one time.	
Indicate Dosing Regime (required):	
<input type="checkbox"/>	Metastatic Lung Cancer- For the first line treatment of patients with EGFR mutation positive advanced or metastatic adenocarcinoma of the lung and with an ECOG performance status of 0 or 1. NOTE: Use of afatanib precludes the use of any EGFR inhibitor as a subsequent line of therapy.
ENZALUTAMIDE (XTANDI) – Coverage will be approved for a maximum of 12 months at one time.	
Indicate Dosing Regime (required):	
Metastatic Prostate Cancer- For treatment of patients with metastatic castration resistant prostate cancer who:	
<input type="checkbox"/>	have progressed on docetaxel-based chemotherapy with an ECOG performance status ≤ 2 and no risk factors for seizures and would be an alternative to abiraterone for patients in the post-docetaxel setting but would not be an add-on therapy to abiraterone treatment. OR
<input type="checkbox"/>	are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy with an ECOG performance status ≤ 1 and have not received prior chemotherapy and would be an alternative to abiraterone for patients and not sequential therapy in this asymptomatic or midly symptomatic patient population
VEMURAFENIB (ZELBORAF) – Coverage will be approved for a maximum of 12 months at one time.	
Indicate Dosing Regime (required):	
<input type="checkbox"/>	Metastatic Melanoma (first line) – For BRAF V600 mutation positive unresectable or metastatic melanoma in patients with an ECOG performance status of 0 or 1.
<input type="checkbox"/>	Metastatic Melanoma (second line) – For BRAV V600 mutation positive patients who have progressed after first line treatment prior to vemurafenib availability.

PEI Pharmacare may request additional documentation to support this Special Authorization Request. Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI High-Cost Drugs Program.

If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or at the address at the top of the form.

PRESCRIBER SIGNATURE (REQUIRED)

DATE