



# Alzheimer's Drug Therapy Initiative

## REFERENCE GUIDE TO COMPLETING SPECIAL AUTHORITY FORMS FOR PRESCRIBERS

### The Special Authority Process – General Description

Special Authority grants full benefit status to a medication that would otherwise not be considered for full or partial coverage. Special Authority forms must be faxed to the Special Authority fax number at 1 800 609-4884. Forms are reviewed for completeness and faxed back to the clinician with the dates of approval or a request for further information.

If you have any questions regarding Special Authority forms or the Special Authority process, please submit them in writing to the Special Authority Unit fax number at 1 800 609-4884.

### Special Authority Forms

Two Special Authority forms are being used for the Alzheimer's Drug Therapy Initiative (ADTI). A link to the current Special Authority forms for cholinesterase inhibitors is provided on the ADTI website at [www.health.gov.bc.ca/pharme/adti/](http://www.health.gov.bc.ca/pharme/adti/).

1. Initial Coverage (6 months) – pad includes the Standardized Mini-Mental State Examination (SMMSE) and Global Deterioration Scale (GDS), and 2-page patient handout (invitation to learn more about the Centre on Aging Study and information sheet) - 4 double-sided pages
2. Renewal/Switching (submitted at 6 month intervals for renewal / as required for switching) – pad includes SMMSE and GDS – 4 double-sided pages

Following is a step-by-step process to assist clinicians in completing the initial Special Authority form. Please note that forms will be returned if information is missing.

### How to Complete the Special Authority form for initial coverage of cholinesterase inhibitors

As indicated on the form, in order to be eligible to receive coverage of cholinesterase inhibitors through the ADTI, patients must meet the eligibility criteria.

1. Under Section 3 - Patient Information, use the check box to indicate the type of diagnosis of Alzheimer's disease applicable to your patient.
2. Conduct the Standardized Mini-Mental State Examination (SMMSE) accompanying the Special Authority form and note your patient's score and their Global Deterioration Scale (GDS) stage in the spaces provided. *Please note that a SMMSE score of  $\geq 10$  to  $\leq 26$  and a GDS of  $\geq 4$  to  $\leq 6$  are required for participation in the ADTI.*
3. If you experience difficulty in conducting the assessment tests with your patient, please note if functionally illiterate in the check box and proceed to GDS.
4. Answer the three questions before the drug selection table. These are required fields.
5. In Section 4, put a check mark beside the cholinesterase inhibitor you have selected to start your patient on. Brief dosing/titration guidelines are provided for easy reference.
6. Hand out invitation to patient/caregiver to participate in follow-up studies.