

**CALGARY ZONE LTC FORMULARY  
aripiprazole and brexpiprazole (SA-25)  
Special Authorization Funding Request**

|   |  |                                  |  |
|---|--|----------------------------------|--|
| Last Name ( <i>Legal</i> )  |  | First Name ( <i>Legal</i> )      |  |
| Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First |  | DOB( <i>dd-Mon-yyyy</i> )        |  |
| PHN   | ULI <input type="checkbox"/> Same as PHN | MRN                              |  |
| Administrative Gender <input type="checkbox"/> Male                         |  | <input type="checkbox"/> Female  |  |
| <input type="checkbox"/> Non-binary/Prefer not to disclose (X)              |  | <input type="checkbox"/> Unknown |  |

**Assessment and documentation in the patient record by a pharmacist is required prior to initial drug provision (new admission or new starts).**

Processing Instructions: Please complete the form in its entirety.

Pharmacy provider email to ISFL Long Term Care Pharmacist at:

cc.drugmanagement@albertahealthservices.ca OR pharmacist/physician fax to 403-943-0232

|  |   |                       |
|--|---|-----------------------|
| <input type="checkbox"/> New Start<br><input type="checkbox"/> New Admission or transfer | Date of Drug Provision ( <i>dd-Mon-yyyy</i> ) | Resident Code         |
| Date of Birth ( <i>dd-Mon-yyyy</i> )   | Date of Admission ( <i>dd-Mon-yyyy</i> )      | Long Term Care Centre |

Prescribing Information (coverage limited to every other day or once daily, scheduled use) (*specialist, indication & dose*)

| <b>aripiprazole or brexpiprazole</b> may be funded under the one of the following protocols for use  | Criteria Met   |                             |
|--|--|-----------------------------|
| <b>Protocol 1 – For Continuation of Therapy on Admission or Transfer</b><br>Aripiprazole or brexpiprazole will be funded for continuation of therapy on admission for psychiatric or neurological disorders, including Behavioural and Psychological Symptoms of Dementia* (BPSD), when recommended or initiated by a specialist in psychiatry, geriatrics, or neurology.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| <b>Protocol 2A – For Initiation of Therapy in LTC</b><br>Aripiprazole or brexpiprazole will be funded for initiation of therapy in LTC for psychiatric or neurological disorders, excluding BPSD*, when recommended or initiated by a specialist in psychiatry, geriatrics, or neurology, AND <ul style="list-style-type: none"> <li>If the resident has tried at least two formulary alternatives. One trial may be an alternative drug class (<i>not restricted to antipsychotics</i>). For brexpiprazole, one trial must be aripiprazole, unless contraindicated.</li> </ul>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| <b>Protocol 2B – For Initiation of Therapy in LTC for BPSD* (<i>off-label</i>)</b><br><b>Aripiprazole:</b> For residents with severe BPSD who meet the following criteria: <ul style="list-style-type: none"> <li>Have not had an adequate response to non-pharmacological measures; AND</li> <li>Have tried and failed at least one discrete course of therapy with a formulary second generation antipsychotic (risperidone, olanzapine, or quetiapine) unless contraindicated; AND</li> <li>Management with medication is recommended by a specialist in psychiatry, geriatrics, or neurology.</li> </ul> <b>Brexpiprazole:</b> For residents with severe BPSD* who meet the following criteria: <ul style="list-style-type: none"> <li>Have not had an adequate response to non-pharmacological measures; AND</li> <li>Have tried and failed at least one discrete course of therapy with a formulary second generation antipsychotic (risperidone, olanzapine, or quetiapine) and a trial of aripiprazole, unless contraindicated; AND</li> <li>Management with medication is recommended by a specialist in psychiatry, geriatrics, or neurology.</li> </ul> | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |
| *For BPSD, care teams must complete required documentation and monitoring per LTC facility policy and regulatory standards when using antipsychotics or other medication as behavioural restraints, including but not limited to consent, lowest effective dose being used for the shortest duration, documentation of ongoing benefit.  |  |                             |
| <b>Funding may be declined or terminated by Calgary Zone LTC Drug Management when criteria are not met. By submitting this application, the care team, attending physician and pharmacist have considered consent, alternative therapeutic options (including Formulary alternatives), and risks/benefits.</b>   |  |                             |
| Pharmacist's Name  | Physician's Name   | Date ( <i>dd-Mon-yyyy</i> ) |