



PEGINTERFERON ALFA-2A+RIBAVIRIN/
PEGINTERFERON ALFA-2B+RIBAVIRIN
SPECIAL AUTHORIZATION REQUEST FORM

Please complete all required sections to allow your request to be processed.

Patients may or may not meet eligibility requirements as established by Alberta Government sponsored drug programs.

PATIENT INFORMATION and COVERAGE TYPE section containing fields for patient last name, first name, initial, date of birth, Alberta personal health number, street address, city, province, postal code, and coverage options (Alberta Blue Cross, Alberta Human Services, Other).

NOTIFICATION and PATIENT CONSENT section. Includes notification text about eligibility and consent requirements, and a patient consent statement with fields for date and signature.

PRESCRIBER INFORMATION section containing fields for prescriber last name, first name, initial, street address, city/province, postal code, and professional association registration details (CPSA, CARNA, ACP, ACO, ADA+C, Other).

Drug Requested section with checkboxes for Peginterferon Alfa-2a+Ribavirin (E.g. Pegasys RBV) and Peginterferon Alfa-2b+Ribavirin (E.g. Pegatron).

Diagnosis of chronic hepatitis C section with a table for 'Is the patient serum HCV RNA positive (by PCR), pre-treatment...' with YES, NO, and Not Tested columns.

Evidence of active liver disease section with a table for 'At least one of the following:' and 'OR:' criteria with YES, NO, and Not Tested columns.

If the patient is currently on Peginterferon Alfa/Ribavirin indicate start date (Year / Month / Day):

INITIAL REQUEST and EXTENSION REQUEST sections. Includes criteria for advanced fibrosis/cirrhosis, genotype 1, 2 or 3 with HIV co-infection, and genotype 1, 2 or 3 post-liver transplant, with specific criteria for 14 and 26 week extensions.

PREVIOUS THERAPY section with checkboxes for 'Consideration may be given in patients who have previously received therapy who meet at least one of the following criteria:'

Additional information relating to request section with fields for prescriber's signature, date, and forwarding information to Alberta Blue Cross Clinical Drug Services.

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act...