



PEGINTERFERON ALFA-2A for Chronic Hepatitis C
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: PATIENT LAST NAME, FIRST NAME, INITIAL, DATE OF BIRTH, ALBERTA PERSONAL HEALTH NUMBER, STREET ADDRESS, CITY, PROV, POSTAL CODE, COVERAGE TYPE: Alberta Blue Cross, Alberta Human Services, Other, IDENTIFICATION/CLIENT/COVERAGE No:

NOTIFICATION: You may be eligible to receive Pegasys drug benefits. Information from your prescriber is required to determine eligibility. Your consent is required: (A) for your prescriber to release necessary and relevant information to Alberta Blue Cross, Alberta Health and, if requested, to Alberta Human Services; and (B) for Alberta Blue Cross to release that and related usage information to Alberta Health. PATIENT CONSENT: I hereby authorize: (A) my prescriber to release to Alberta Blue Cross, Alberta Health, and (if they request it) to Alberta Human Services (the aforesaid being the "designated recipients"); and (B) Alberta Blue Cross to release to Alberta Health the information on this form and information relating to my usage of and experience with the drug and treatment results, and I consent to the designated recipients collecting such information. Date, Patient's Signature

PRESCRIBER INFORMATION: PRESCRIBER LAST NAME, FIRST NAME, INITIAL, STREET ADDRESS, CITY, PROVINCE, POSTAL CODE, PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION: CPSA, CARNA, ACP, ACO, ADA+C, Other, REGISTRATION NO., PHONE, FAX, FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Diagnosis of chronic hepatitis C: Is the patient serum HCV RNA positive (by PCR), pre-treatment. YES NO Not Tested

Evidence of active liver disease: At least one of the following: a) does the patient have elevated liver enzymes (ALT and/or AST), pre-treatment. OR: b) does the patient have an abnormal liver biopsy (inflammation and/or fibrosis). OR: c) does the patient have elevated liver stiffness as demonstrated by transient elastography (fibrosis). YES NO Not Tested

If the patient is currently on peginterferon alfa-2a, indicate start date (Year / Month / Day):

INITIAL REQUEST: Is the patient intolerant to ribavirin? Is a baseline serum sample stored for future testing? Initial length of approval: Advanced fibrosis or cirrhosis, Genotype 1, Genotype 2 or 3, Genotype 4, 5 or 6. EXTENSION REQUEST: Request for treatment extension at 14 weeks (excluding patients with advanced fibrosis and cirrhosis): Is the patient serum HCV RNA negative at 12 weeks? YES NO YES NO

PREVIOUS THERAPY: Consideration may be given to patients who have previously received therapy and who meet at least one of the following: Advanced fibrosis or cirrhosis, Patient relapsed following non-pegylated interferon/ribavirin combination therapy.

Additional information relating to request:

PRESCRIBER'S SIGNATURE, DATE, Please forward this request to: Alberta Blue Cross, Clinical Drug Services, 10009-108 Street NW, Edmonton, Alberta T5J 3C5, FAX: 780-498-8384 in Edmonton • 1-877-828-4106 toll free all other areas

ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.

The information collected by this form is collected 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, for the purpose of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 - 108 Street, Edmonton AB T5J3C5. ABC 30944 (2014/02) ©The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan.