



ALENDRONATE / RALOXIFENE / RISEDRONATE FOR OSTEOPOROSIS 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 table with fields for Patient Last Name, First Name, Initial, Date of Birth, Alberta Personal Health Number, Street Address, City, Prov, Postal Code, and Coverage Type (Alberta Blue Cross, Alberta Human Services, Other).

PRESCRIBER INFORMATION table with fields for Prescriber Last Name, First Name, Initial, Street Address, City, Province, Postal Code, and Prescriber Professional Association Registration (CPSA, CARNA, ACP, ACO, ADA+C, Other).

FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Criteria for Coverage section containing text about osteoporosis treatment, special authorization criteria, and a link to the Alberta Drug Benefit List.

Please provide the following information for ALL requests: Indicate which drug is requested (check ONE box): Alendronate, Raloxifene, Risedronate.

Please provide the following information for all NEW requests: Diagnosis: For the treatment of Osteoporosis, Osteopenia, Other, please specify.

Fracture risk: a) Has the patient experienced FRACTURES related to the diagnosis? b) Does the patient have a 20% or greater 10-year fracture risk?

Information regarding previous alendronate 70mg or risedronate 35mg use: alendronate 70mg or risedronate 35mg HAS been utilized. Nature of response: Intolerance, Other (please specify).

RENEWAL: This product is eligible for auto-renewal for treatment of osteoporosis. A Special Authorization renewal request is required only if the Special Authorization approval for treatment of osteoporosis has lapsed (i.e. the patient has not made a claim for the drug product during the Approval Period).

PRESCRIBER'S SIGNATURE, DATE, and 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 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, for the purposes 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 T5J 3C5. ABC 31086 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.