

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						COVERAGE TYPE:	
PATIENT LAST NAME	FIRST NAME				INITIAL	Alberta Blue Cross Alberta Human Services	
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEAL			LTH NUMBER		Other	
STREET ADDRESS		CITY		PROV	POSTAL CODE	IDENTIFICATION/CLIENT/COVERAGE No:	
PRESCRIBER INFORMATION							
PRESCRIBER LAST NAME FIRST NAME INITIAL				PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION			
				☐ CPSA ☐ ACO REGISTRATION NO.			
STREET ADDRESS				CARNA DADA+C			
CTREET / ISSNESS			PHC	ACP	☐ Other	EAV	
CITY PROVINCE			FIIC	INE.		FAX:	
CITY , PROVINCE							
POSTAL CODE				FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED			
Criteria for Coverage							
"For the treatment of osteoporosis in patients with a 20% or greater 10-year fracture risk who have documented intolerance to alendronate 70 mg or risedronate 35 mg. Special authorization may be granted for 6 months."							
"Requests for other osteoporosis medications covered via special authorization will not be considered until 6 months after the last dose of denosumab 60 mg/syr injection syringe."							
"Requests for other osteoporosis medications covered via special authorization will not be considered until 12 months after the last dose of zoledronic acid 0.05 mg/ml injection."							
Note: The fracture risk can be determined by the World Health Organization's fracture risk assessment tool, FRAX, or the most recent (2010) version of the Canadian Association of Radiologist and Osteoporosis Canada (CAROC) table.							
* Alendronate 70 mg and risedronate 35 mg are regular benefits not requiring Special Authorization.							
** Alendronate and risedronate also have special authorization criteria for Paget's disease. Please refer to the Alberta Drug Benefit List for alendronate and risedronate's other criteria for the indication of Paget's disease: http://www.health.alberta.ca/services/drug-benefit-list.html							
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? No Yes							
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):							
alendronate 70mg or risedronate 35mg has NOT been utilized (specify reason(s)):							
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 <u>not</u> made a claim for the drug product during the Approval Period).							
PRESCRIBER'S SIGNATURE DATE Please forward this request to: Alberta Blue Green Clinical Print Services						icos	
10				berta Blue Cross, Clinical Drug Services 1009-108 Street NW, Edmonton, Alberta T5J 3C5			
• FAX: 780-498-8384 in Edmonton • 1-877-828-4106 toll-free all other are							
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.

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