



ADALIMUMAB/ETANERCEPT/INFLIXIMAB/USTEKINUMAB for Plaque Psoriasis

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: 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.

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

Please provide the following information for ALL requests:

Diagnosis: (Plaque Psoriasis, Other), Indicate requested drug: (Adalimumab, Etanercept, Infliximab, Ustekinumab), Current Weight (Kg), Dosage, Dosing Frequency.

Location: Significant involvement of face, palms of the hands, soles of the feet or genital region: YES NO

Scores: PASI, DLQI, Date. Please provide reason if a switch to a different biologic agent is requested. Note: Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.

Please provide the following information for all NEW requests:

Previous medications/therapies utilized: Dose, duration and response is required for the following: Methotrexate PO, Methotrexate SC or IM, Cyclosporine, Phototherapy.

Additional information relating to request (e.g. reasons why any of the above therapies were not tried):

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 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 31192 (2012/09) ©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.