

Please complete all required sections to allow your request

RITUXIMAB for Rheumatoid Arthritis

SPECIAL AUTHORIZATION REQUEST FORM

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

to be processed. by Alberta Government sponsored								Iberta 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 HEALTH NUMBER						Other	
STREET ADDRESS	CITY			PROV	POST	AL CODE	IDENTIFICATION/CLIENT/COVERAGE No:		
PRESCRIBER INFORMATION									
PRESCRIBER LAST NAME FIRST NAME INITIAL					PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION				
STREET ADDRESS				CPSA ACO REGISTRATION NO. CARNA ADA+C					
				ACP Other PHONE: FAX:					
CITY, PROVINCE									
POSTAL CODE					FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED				
Please provide the following information for ALL requests:									
Diagnosis:	Dosage:						Please provide reason if a switch from a		
Rheumatoid Arthritis					differe			rent biologic agent to rituximab is	
Other (specify)	Dosing Frequency:						requested:		
Scores:*	Requests for Re-treatment after 2 dose course								
DAS28 Score	Date of initial dose of the previous course of therapy:								
Date:	Response Scores 16-24 weeks after initial dose of Date of last dose:								
AND	previo	bus course 8 Score	Date:						
HAQ Score	AND I	HAQ Score	Date:						
Date:	Curre	nt scores:	Note				Note: Patients will not be permitted to switch back to a previously trialed biologic agent if they		
	DAS28 Score D							were deemed unresponsive to therapy.	
		HAQ Score	Date:						
* New requests for patients currently maintained on the requested biologic also require pre-treatment scores. Scores must be provided to the correct number of decimal places. DAS28 should be reported to one decimal place and HAQ should be reported to two decimal places.									
Will the patient be maintained on methotrexate in combination with rituximab?									
YES NO (If not, please specify reason):									
Please provide the following information for all NEW requests:									
Previous medications/therapies utilized: Dose, duration and response is required for ALL FIVE of the following: Methotrexate PO:									
Methotrexate SC or IM:									
Methotrexate with another DMARD other than leflunomide (specify agent)									
Leflunomide:									
Anti-TNF therapy:									
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,									

Program or receive a density, product or nearing service, in your rave any questions regarding the conection or use or this minimation, pease contact an Auberta Blue Cross privacy matters representative ion-rise at 1-505-496-7302 or write to Privacy matters, ABIC 31205 (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 Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan.