PLEASE SIGN AND THEN FAX OR MAIL TO ALBERTA BLUE CROSS AT THE ADDRESS LISTED BELOW.

ALBERTA BLUE CROSS®

TOCILIZUMAB for Systemic Juvenile Idiopathic Arthritis
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	**COVERAGE TYPE:**
			☐ Alberta Blue Cross ☐ Alberta Human Services ☐ Other
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEALTH NUMBER		

STREET ADDRESS	CITY	PROV	POSTAL CODE	IDENTIFICATION/CLIENT/COVERAGE NO:

PRESCRIBER INFORMATION

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

Please provide the following information for ALL requests:

Diagnosis:	Patient's current weight (kg):	Requested dose (mg/kg):
☐ Systemic Juvenile Idiopathic Arthritis ☐ Other (specify):		Dosing frequency:

Please provide the following information for NEW requests:

Please check all of the following that apply:

- ☐ Fever (>38°C) for at least two weeks
- ☐ Rash of systemic JIA
- ☐ Serositis
- ☐ Lymphadenopathy
- ☐ Hepatomegaly
- ☐ Splenomegaly

Previous medications utilized (specify agents): Dose, duration and response is required:

- ☐ NSAIDs:
- ☐ Systemic corticosteroids:

Please provide the following information for RENEWAL requests:

The patient is a responder as demonstrated by: (check all that apply)

- ☐ JIA ACR30
- ☐ Absence of fever
- ☐ Reduction in inflammatory markers (e.g. CRP concentration of less than 15 mg/L or reduction in ESR)
- ☐ Other (specify):

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.