

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					COVERAGE TYPE:
PATIENT LAST NAME	FIRST N	AME		INITIAL	Alberta Blue Cross Alberta Human Services Other
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEALTH NUMB			R	
STREET ADDRESS		CITY	PROV	POSTAL CODE	IDENTIFICATION/CLIENT/COVERAGE NO:
PRESCRIBER INFORMATION					
PRESCRIBER LAST NAME FIRST NAME INITIAL			PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION		
STREET ADDRESS			□ CPSA □ CARNA □ ACP	☐ ACO ☐ ADA+C ☐ Other	REGISTRATION NO.
			PHONE:		FAX:
CITY , PROVINCE					
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED		
Please provide the following information for ALL requests:					
Diagnosis: Systemic Juvenile Idiopathic Arthritis Other (specify):			Patient's current weight (kg):		: Requested dose (mg/kg): 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 Lymphadenopathy					
Rash of systemic JIA Hepato			omegaly		
Serositis Spleno			megaly		
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 DA	TE	 Albe 1000 	rta Blue Cross, 9-108 Street NV	rd this request to: a Blue Cross, Clinical Drug Services 108 Street NW, Edmonton, Alberta T5J 3C5 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,					

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