



TACROLIMUS TOPICAL OINTMENT
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, DATE OF BIRTH, ALBERTA PERSONAL HEALTH NUMBER, STREET ADDRESS, CITY, PROV, POSTAL CODE, COVERAGE TYPE, IDENTIFICATION/CLIENT/COVERAGE No.

PRESCRIBER INFORMATION
PRESCRIBER LAST NAME, FIRST NAME, INITIAL, PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION, STREET ADDRESS, CITY, PROVINCE, POSTAL CODE, PHONE, FAX, REGISTRATION NO.

Please provide the following information for ALL requests:

Indicate which drug is requested (check ONE box):
Tacrolimus 0.03% Topical Ointment (e.g. Protopic 0.03%)
Tacrolimus 0.1% Topical Ointment (e.g. Protopic 0.1%)

Please provide the following information for all NEW requests:

Diagnosis:
For the treatment of atopic dermatitis
Other, please specify:

Areas affected (check all that apply):
Face
Flexures
> 30% of body surface area
Other, please specify:

Information regarding previous topical steroid therapy:
Topical steroid therapy HAS been utilized -> please complete both a) and b)
a) Name of topical steroid(s) tried, including strength and dosage form:
b) Response to topical steroid therapy:
Failure, Requires ongoing use, Intolerance, Other (please specify):
Topical steroid therapy has NOT been utilized:
Contraindication. Please elaborate:
Other reason(s) topical steroid therapy was NOT tried (please specify):

Additional information relating to request:

RENEWAL: This product is eligible for auto-renewal. A Special Authorization renewal request is required only if the Special Authorization approval has lapsed (i.e. the patient has not made a claim for the drug product during the Approval Period).

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 31488 2013/10 ©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.

Criteria for Coverage:**TACROLIMUS 0.03 % TOPICAL OINTMENT**

"For use in patients 2 to 15 years of age inclusive with atopic dermatitis who are unable to tolerate or have failed topical steroid therapy."

"For use in patients 2 to 15 years of age inclusive with atopic dermatitis who require ongoing use of potent (Class 3 or higher) topical steroids."

"For use in patients 16 years of age and older with atopic dermatitis affecting face and flexures who are unable to tolerate or have failed topical steroid therapy."

"For use in patients 16 years of age and older with atopic dermatitis who require ongoing use of potent (Class 3 or higher) topical steroids over greater than 30 % of body surface area."

"Special authorization for all criteria may be granted for 6 months."

Information is required regarding the patient's diagnosis, previous medications utilized (including specific topical steroids) and the patient's response to therapy. In order to comply with the third criterion, information is also required regarding the area(s) affected. In order to comply with the fourth criterion, information is also required regarding the percentage body surface area affected.

These products are eligible for auto-renewal.

TACROLIMUS 0.1 % TOPICAL OINTMENT

"For use in patients 16 years of age and older with atopic dermatitis affecting face and flexures who are unable to tolerate or have failed topical steroid therapy."

"For use in patients 16 years of age and older with atopic dermatitis who require ongoing use of potent (Class 3 or higher) topical steroids over greater than 30 % of body surface area."

"Special authorization for all criteria may be granted for 6 months."

Information is required regarding the patient's diagnosis, previous medications utilized (including specific topical steroids) and the patient's response to therapy. In order to comply with the first criterion, information is also required regarding the area(s) affected. In order to comply with the second criterion, information is also required regarding the percentage body surface area affected.

These products are eligible for auto-renewal.