

ALBERTA GOVERNMENT SPONSORED DRUG BENEFIT PROGRAMS

REGISTRATION FOR MS NEUROLOGIST STATUS
for Alberta Drug Benefit List Special Authorization Coverage

Eligible MS Disease Modifying Therapies

(e.g., alemtuzumab, dimethyl fumarate, fingolimod hydrochloride, glatiramer acetate, interferon beta-1a, interferon beta-1b, natalizumab, teriflunomide)

Requests for special authorization coverage of eligible MS Disease Modifying Therapies is restricted to those neurologists who have registered with Alberta Blue Cross as an "MS Neurologist". Approval of patient coverage may or may not be granted based on the information provided on the Special Authorization Request Form.

Responsibilities of a registered "MS Neurologist" & including the following:

- Maintain adequate knowledge regarding multiple sclerosis (MS) and its treatment.
- Maintain expertise in treating/managing patients with MS.
- Provide adequate follow-up for their patients. This includes assessment of adverse events including discussion of concerns brought by the patient to the MS Special Therapies Nurse. It also includes assessment of tolerance, effectiveness, indications for continuation (on at least a yearly basis) and completion of the renewal request for continued coverage.

Neurologists who choose not to apply to be a registered "MS Neurologist" may also prescribe MS Disease Modifying Therapies, but patients will not be eligible for coverage under the program for such prescriptions. The patient may choose to receive the product at their own expense.

Please complete all sections of this form
and return it by fax to Alberta Blue Cross

Registrations will be accepted on an ongoing basis

NEUROLOGIST LAST NAME		FIRST NAME	INITIAL	OFFICE PHONE	FAX
OFFICE ADDRESS			CITY	PROVINCE	POSTAL CODE
COLLEGE OF PHYSICIANS AND SURGEONS REGISTRATION NUMBER OR PROFESSIONAL REGISTRATION NUMBER					
I agree to abide by the responsibilities of a registered "MS Neurologist" and submit special authorization requests for eligible MS Disease Modifying Therapies in accordance with policies and criteria as updated from time to time in the Special Authorization section of the <i>Alberta Drug Benefit List</i> .					
SIGNATURE OF PRESCRIBER (required) <input type="checkbox"/>			DATE		
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.					

PLEASE RETURN YOUR COMPLETED REGISTRATION BY FAX TO 1-877-828-4106

