

PATIENT INFORMATION				COVERAGE TYPE	
PATIENT LAST NAME		FIRST NAME	INITIAL	<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> Other	
DATE OF BIRTH: YYYY/MM/DD		ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS		CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER
PRESCRIBER INFORMATION					
PRESCRIBER LAST NAME		FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION	
STREET ADDRESS		<input type="checkbox"/> CPSPA <input type="checkbox"/> ACO REGISTRATION NUMBER <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other			
CITY, PROVINCE		PHONE		FAX	
POSTAL CODE		FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED			
CRITERIA FOR COVERAGE OF FENTANYL					
<u>Fentanyl injection</u> For the treatment of persistent, severe chronic pain in those patients who cannot swallow or who are intolerant of morphine and/or hydromorphone if not contraindicated. Special authorization may be granted for six months. This product is eligible for auto-renewal.		<u>Fentanyl patch</u> For the treatment of persistent, severe chronic pain in those patients who require continuous around-the-clock analgesia for an extended period of time in those patients who cannot swallow. Special authorization may be granted for six months. For the treatment of persistent, severe chronic pain in those patients who require continuous around-the-clock analgesia for an extended period of time in those patients who require opioid therapy at a total daily dose of at least 60 mg/day oral morphine equivalents. Patients must have tried and not been able to tolerate at least two discrete courses of therapy with two of the following agents: morphine, hydromorphone and oxycodone, if not contraindicated. Special authorization may be granted for six months. This product is eligible for auto-renewal.			
Product(s) requested		<input type="checkbox"/> FENTANYL INJECTION		<input type="checkbox"/> FENTANYL PATCH	
Nature of the patient's pain		<input type="checkbox"/> Persistent, severe chronic pain		<input type="checkbox"/> Other:	
For FENTANYL PATCH requests Patients must have tried at least <u>two discrete courses*</u> of therapy with <u>two</u> of the required agents: morphine, hydromorphone and oxycodone. * A <i>discrete course</i> is defined as a separate treatment course, which may involve more than one agent used at one time to manage the patient's condition.		Treatment course 1 MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)			
		<input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____ <input type="checkbox"/> oxycodone _____ <input type="checkbox"/> other (specify) _____			
For FENTANYL INJECTION requests		Treatment course 2 MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)			
		<input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____ <input type="checkbox"/> oxycodone _____ <input type="checkbox"/> other (specify) _____			
Previous MEDICATION used and RESPONSE to each drug (or CONTRAINDICATIONS to drug)		<input type="checkbox"/> morphine _____ <input type="checkbox"/> hydromorphone _____			
		<input type="checkbox"/> hydromorphone _____			
If patient is unable to swallow, please provide information regarding <u>specific reasons</u> patient is unable take oral medications					
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 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.

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