ALBERTA BLUE CROSS®

DABIGATRAN/ EDOXABAN/ RIVAROXABAN 15 MG & 20 MG SPECIAL AUTHORIZATION REQUEST FORM

Patients may or may not meet eligibility requirements as established by Alberta government-sponsored drug programs.

Please complete all required sections to allow your request to be processed.

PATIENT INFORMATION					COVERAGE TYPE
PATIENT LAST NAME	FIRST NAME			INITIAL	☐ Alberta Blue Cross ☐ Alberta Human Services ☐ Other
BIRTH DATE (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			☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other	REGISTRATION NUMBER
CITY, PROVINCE			PHONE	FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

Notes: Rivaroxaban 10 mg is a benefit for the prophylaxis of venous thromboembolic events in patients who have undergone elective total knee replacement surgery. Coverage is restricted to two 14-day courses of therapy per patient per year. Rivaroxaban 10 mg is also a benefit for the prophylaxis of venous thromboembolic events in patients who have undergone elective total hip replacement surgery. Coverage is restricted to two 35-day courses of therapy per patient per year. Rivaroxaban 10 mg is not eligible for special authorization for coverage beyond these restrictions.

Rivaroxaban 2.5 mg is eligible via special authorization for use in patients with concomitant coronary artery disease and peripheral artery disease. Please see the Rivaroxaban 2.5 mg Special Authorization Request Form (ABC 60081).

Apixaban 2.5 mg and 5mg are regular benefits on the Alberta Drug Benefit List

Drug requested (check ONE box)

☐ **Dabigatran (e.g. Pradaxa) → complete Section I only**

☐ **Edoxaban (e.g. Lixiana) → complete Section I and/or II**

☐ **Rivaroxaban 15 mg/20 mg (e.g. Xarelto) → complete Section I and/or II**

Section I Prevention of stroke and systemic embolism in atrial fibrillation (AF) patients

a) Does the patient have non-valvular atrial fibrillation (AF)?

☐ Yes ☐ No

b) Please indicate if **warfarin** was used

☐ Yes → If yes, please indicate if a **two month trial of warfarin** was used

☐ Yes ☐ No, please specify reason _____

☐ No → If no, please elaborate

a) If the patient has a contraindication to warfarin, provide information regarding the nature of the contraindication

_____

b) If this patient is unable to monitor via INR testing services, please specify the reason

_____

Section II EDOXABAN (e.g. Lixiana) or RIVAROXABAN 15mg/20mg (e.g. Xarelto) for treatment of venous thromboembolic events

****Special authorization may be granted for up to six months****

a) Is the request for **treatment** of deep vein thrombosis (DVT)? ☐ No ☐ Yes → date of most recent event _____

b) Is the request for **treatment** of a pulmonary embolism (PE)? ☐ No ☐ Yes → date of most recent event _____

Additional information related to the request

PRESCRIBER 'S SIGNATURE	DATE (YYYY-MM-DD)	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.

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