ALBERTA BLUE CROSS®

ABATACEPT/ ADALIMUMAB/ ANAKINRA/ CERTOLIZUMAB/ ETANERCEPT/ GOLIMUMAB/ INFLIXIMAB/ SARILUMAB/ TOCILIZUMAB/ TOFACITINIB for Rheumatoid 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 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 ☐ CPSA ☐ ACO REGISTRATION NUMBER ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other
STREET ADDRESS			
CITY, PROVINCE			PHONE / FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Please provide the following information for ALL requests

Diagnosis	**Indicate requested drug**	**Current weight (kg)**	**Dosage and frequency**
☐ Rheumatoid Arthritis ☐ Other (specify)	☐ Actemra ☐ [1]Enbrel ☐ [1]Inflectra ☐ Orencia ☐ Simponi ☐ [1]Brenzys ☐ [1]Erelzi ☐ Kevzara ☐ [1]Remicade ☐ Xeljanz ☐ Cimzia ☐ Humira ☐ Kineret ☐ [1]Renflexis ☐ Xeljanz XR 1. See p. 2 for Biosimilar Switch Policy		**Date of last dose**

For patients new to coverage but currently maintained on the requested drug, provide the treatment start date (YYYY-MM-DD) _____

***Pre-treatment scores**	**Current scores**
DAS28 Score ___ ____ Date _____	DAS28 Score ___ ____ **OR** ☐ ACR20 (renewals only) Date _____
HAQ Score ___ ___ ___ Date _____	HAQ Score ___.___ Date _____

*Requests for patients new to the requested drug and requests for patients new to coverage but currently maintained on the requested drug require pre-treatment scores. All scores must be provided to the correct number of decimal places. DAS28 should be reported to one decimal place and HAQ should be reported to two decimal places.

Please provide reason if a switch to a different drug is requested

Note: patients will not be permitted to switch back to a previously trialed drug if they were deemed unresponsive to therapy.

For all drugs EXCEPT Abatacept	**For Abatacept ONLY**
Will the patient be maintained on methotrexate in combination with the requested drug? ☐ YES ☐ NO	Will the patient be maintained on methotrexate or another DMARD in combination with Abatacept? ☐ YES ☐ NO

If NO to any of the above, please specify reason

Please provide the following information for all NEW requests

Previous medications utilized: Dose, duration and response are required for ALL FOUR of the following or contraindications, if applicable

☐ Methotrexate PO _____

☐ Methotrexate SC or IM _____

☐ Methotrexate with another DMARD other than leflunomide (specify agent) _____

☐ Leflunomide _____

For Kineret requests, please indicate if the following drugs were tried and the response to therapy, or contraindications, if applicable

☐ Abatacept _____	☐ Etanercept _____	☐ Rituximab _____
☐ Adalimumab _____	☐ Golimumab _____	☐ Sarilumab _____
☐ Certolizumab _____	☐ Infliximab _____	☐ Tocilizumab _____

Additional information relating to 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

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1. Biosimilar Switch Policy

As of December 12, 2019, adult (18 years of age and older) patients using an originator biologic for which there is a biosimilar treatment option for their indication and who wish to maintain Alberta Health coverage of the molecule will be required to switch to the biosimilar by January 15, 2021. During the transition period from December 12, 2019 to January 14, 2021, Alberta Health will cover both the originator biologic and the biosimilar(s) of the affected drug(s). Effective January 15, 2021, Alberta Health will only cover the biosimilar versions of the drugs listed below, for the affected indications.

Drug	Originator (Switch from)	Biosimilar (Switch to)	Indication
Etanercept	Enbrel	Brenzys or Erelzi	Rheumatoid Arthritis
Infliximab	Remicade	Inflectra or Renflexis	Rheumatoid Arthritis

For Biosimilar Initiative Exception Requests

Please complete the Biosimilar Initiative / Tiering Exception Special Authorization Request Form.