

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	<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> 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			<input type="checkbox"/> CPSA <input type="checkbox"/> CARNA <input type="checkbox"/> ACP	<input type="checkbox"/> ACO <input type="checkbox"/> ADA+C <input type="checkbox"/> Other	REGISTRATION NUMBER
			CITY, PROVINCE		PHONE
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
<input type="checkbox"/> Ankylosing Spondylitis (meeting modified NY criteria) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> ¹ Brenzys <input type="checkbox"/> ¹ Enbrel <input type="checkbox"/> ¹ Infectra <input type="checkbox"/> ¹ Renflexis <input type="checkbox"/> Cimzia <input type="checkbox"/> ¹ Erelzi <input type="checkbox"/> ¹ Remicade <input type="checkbox"/> Cosentyx <input type="checkbox"/> Humira <input type="checkbox"/> Simponi 1. See p. 2 for Biosimilar Switch Policy		
			Date of last dose

Please provide the following information for all NEW requests

Previous medications utilized
 Have two or more NSAIDs been tried for a minimum of four weeks each at maximum tolerated or recommended doses?
 YES (please SPECIFY below) NO

	Please SPECIFY the NSAID	Please SPECIFY the dose, duration, and response
NSAID #1		
NSAID #2		

Other, please SPECIFY _____

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

NEW requests: Please provide *pre-treatment scores	RENEWAL requests: Please provide current scores
BASDAI #1	Date (YYYY-MM-DD)
BASDAI #2	Date (YYYY-MM-DD)
Spinal Pain VAS #1 (cm)	Date (YYYY-MM-DD)
Spinal Pain VAS #2 (cm)	Date (YYYY-MM-DD)

BASDAI	Date (YYYY-MM-DD)
Spinal pain VAS (cm)	Date (YYYY-MM-DD)

Please provide reason if a switch to a different biologic agent is requested

* Requests for patients new to the requested biologic and requests for patients new to coverage but currently maintained on the requested biologic require pre-treatment scores. Scores 1 and 2 for each parameter must be at least eight weeks apart.

Note: Patients will not be permitted to switch back to a previously trialed biologic agent if they were deemed unresponsive to therapy.

Additional information relating to request

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to <ul style="list-style-type: none"> 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
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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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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	Ankylosing Spondylitis
Infliximab	Remicade	Inflectra or Renflexis	Ankylosing Spondylitis

For Biosimilar Initiative Exception Requests

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

