

**ADALIMUMAB/ CERTOLIZUMAB/ ETANERCEPT/  
GOLIMUMAB/ INFLIXIMAB/ IXEKIZUMAB/ SECUKINUMAB  
for Psoriatic Arthritis  
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	<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"/> ACO	REGISTRATION NUMBER
			<input type="checkbox"/> CARNA	<input type="checkbox"/> ADA+C	
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
<input type="checkbox"/> Polyarticular Psoriatic Arthritis <input type="checkbox"/> Pauciarticular Psoriatic Arthritis → Joints affected <input type="checkbox"/> Knee joints <input type="checkbox"/> Hip joints <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Cimzia <input type="checkbox"/> Erelzi <input type="checkbox"/> Remicade <input type="checkbox"/> Taltz <input type="checkbox"/> Cosentyx <input type="checkbox"/> Humira <input type="checkbox"/> Renflexis <input type="checkbox"/> Enbrel <input type="checkbox"/> Inflectra <input type="checkbox"/> Simponi 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 <input type="checkbox"/> ACR20 (renewals only) Date _____
HAQ score ____ Date _____	HAQ score ____ Date _____

\*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. 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 biologic agent is requested**

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

**Will the patient be maintained on methotrexate in combination with the requested biologic?**  
 YES     NO (If not, please specify reason) \_\_\_\_\_

**Please provide the following information for all NEW requests**

**Previous medications utilized** - dose, duration and response are required for ALL THREE of the following or contraindications, if applicable

Methotrexate PO \_\_\_\_\_

Methotrexate SC or IM \_\_\_\_\_

DMARD other than methotrexate (specify agent) \_\_\_\_\_

**For Cosentyx requests only:** has the patient had an inadequate response to previous therapy with an anti-TNF alpha agent?     YES     NO

**Additional information relating to request**

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to ▪ <b>Alberta Blue Cross, Clinical Drug Services</b> 10009 108 Street NW, Edmonton, Alberta T5J 3C5 ▪ <b>FAX: 780-498-8384</b> in Edmonton • <b>1-877-828-4106</b> toll free all other areas
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**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.

<b>Drug</b>	<b>Originator (Switch from)</b>	<b>Biosimilar (Switch to)</b>	<b>Indication</b>
Etanercept	Enbrel	Erelzi	Psoriatic Arthritis
Infliximab	Remicade	Inflectra or Renflexis	Psoriatic Arthritis

**For Biosimilar Initiative Exception Requests**

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

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