

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		
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 <input type="checkbox"/> CPSA <input type="checkbox"/> ACO REGISTRATION NUMBER <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other	
STREET ADDRESS			PHONE	FAX
CITY, PROVINCE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	
POSTAL CODE				

Criteria for Coverage of IMIQUIMOD

For the treatment of Actinic Keratosis located on the head and neck in patients who have failed treatment with cryotherapy (where appropriate) and 5-fluorouracil (5-FU). Special authorization may be granted for six months.
This product is eligible for auto-renewal.

Please provide the following information for NEW requests (check ALL that apply)

Diagnosis

- Actinic Keratosis → Area affected
- Head or neck Other (please specify) _____
- Other (please specify) _____

Previous medications/therapies utilized

Please indicate if the following medication/therapy have been tried and the response

- 1) cryotherapy Yes → Response
- Lack of response Intolerance Other (please specify) _____
- No → Not appropriate Other (please specify) _____

AND

- 2) 5-fluorouracil (5-FU) Yes → Response
- Lack of response Intolerance Other (please specify) _____
- No (specify reason, if applicable) _____

Additional information relating to request

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 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

