ALBERTA BLUE CROSS®

RITUXIMAB 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

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 ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other — REGISTRATION NUMBER
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

☐ Rheumatoid Arthritis

☐ Other (specify)

Indicate drug requested

☐ [1]Rituxan ☐ [1]Riximyo ☐ [1]Ruxience ☐ [1]Truxima

1. See p. 2 for Biosimilar Switch Policy

Dosage and frequency

Pre-treatment scores*

DAS28 Score _____

Date _____

AND

HAQ Score _____

Date _____

Requests for re-treatment after two-dose course

Date of initial dose of the previous course of therapy

_____

Response scores 16 to 24 weeks after initial dose of previous course of therapy

DAS28 Score _____ Date _____

HAQ Score _____ Date _____

Current scores

DAS28 Score _____ Date _____

HAQ Score _____ Date _____

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

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

* New requests for patients currently maintained on the requested biologic also require pre-treatment scores. 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.

Will the patient be maintained on methotrexate in combination with rituximab?

☐ YES ☐ NO (If not, please specify reason)

Please provide the following information for all NEW requests

Previous medications/therapies utilized: Dose, duration and response is required for ALL FIVE of the following, or contraindications, if applicable

☐ Methotrexate PO

☐ Methotrexate SC or IM

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

☐ Leflunomide

☐ Anti-TNF therapy

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

Effective June 1, 2020, all new Special Authorization requests for the treatment of Rheumatoid Arthritis for rituximab naive patients will be assessed for coverage with Riximyo, Ruxience or Truxima. Rituxan will not be approved for new rituximab starts for patients with Rheumatoid Arthritis; however, coverage for Rituxan will continue for patients who completed a previous two-dose course of therapy with Rituxan and are considered a 'responder' as defined in criteria. Additionally, patients using the originator biologic who wish to maintain Alberta Health coverage will be required to transition to a biosimilar by January 15, 2021. During the transition period from June 1, 2020 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 these affected indications.

Drug	Originator (Switch from)	Biosimilar (Switch to)	Indication
Rituximab	Rituxan	Riximyo or Ruxience or Truxima	Rheumatoid Arthritis

For Biosimilar Initiative Exception Requests

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