ALBERTA BLUE CROSS®

TOCILIZUMAB for Systemic Juvenile Idiopathic 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			PHONE / FAX
CITY, PROVINCE			
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Please provide the following information for ALL requests

Diagnosis	**Patient's current weight (kg)**	**Requested dose (mg/kg)**
☐ Systemic Juvenile Idiopathic Arthritis ☐ Other (please specify)_____		**Dosing frequency**

Please provide the following information for NEW requests

Please check all of the following that apply

☐ Fever (>38°C) for at least two weeks
☐ Rash of systemic JIA
☐ Serositis
☐ Lymphadenopathy
☐ Hepatomegaly
☐ Splenomegaly

Previous medications utilized (specify agents): Dose, duration and response is required

☐ NSAIDs

☐ Systemic corticosteroids

Please provide the following information for RENEWAL requests

The patient is a responder as demonstrated by (check all that apply)

☐ JIA ACR30
☐ Absence of fever
☐ Reduction in inflammatory markers (e.g. CRP concentration of less than 15 mg/L or reduction in ESR)
☐ Other (specify):

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

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.