ALBERTA BLUE CROSS®

OCRELIZUMAB for PPMS
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 ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other REGISTRATION NUMBER
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

☐ NEW request for patient starting ocrelizumab upon approval

☐ NEW request for patient currently maintained on ocrelizumab (i.e. new to coverage)

☐ RENEWAL request ☐ RESTART request

Diagnosis

☐ Primary progressive multiple sclerosis (PPMS)

→ Diagnosis meets 2017 McDonald criteria? ☐ Yes

☐ No, explain _____

☐ Other (specify) _____

Current EDSS _____ Date _____

Please provide the following information for NEW requests for patients new to ocrelizumab or to coverage

EDSS prior to ocrelizumab initiation _____ Date _____

Functional Systems Scale score for the pyramidal system due to lower extremity findings (at ocrelizumab initiation)

_____ Date _____

Are there documented imaging features characteristic of inflammatory activity?

☐ Yes ☐ No, explain _____

Disease duration (at ocrelizumab initiation) _____

If patient is already on ocrelizumab, specify date started (YYYY-MM-DD) _____

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