

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

Note: Duration of therapy will be approved according to criteria specified in the *Alberta Drug Benefit List*.

1) Does the patient have a quantitative HCV RNA value within six months of this request?

Yes → Provide test date (YYYY-MM-DD) _____ **No** **Not tested**

2) Has the patient previously been treated with an HCV antiviral drug regimen?

No, the patient is treatment-naïve

→ Does the patient have **decompensated** cirrhosis with Child-Turcotte-Pugh B or C (i.e. score seven or above)?

Yes

No

Yes → Specify drug regimen previously used _____

→ Specify the patient's Genotype _____

→ Does the patient have cirrhosis?

Yes, compensated cirrhosis with Child-Turcotte-Pugh A (i.e. score five to six)

Yes, decompensated cirrhosis with Child-Turcotte-Pugh B or C (i.e. score seven or above)

No

3) If the patient is currently on the requested drug regimen, please indicate start date (YYYY-MM-DD) _____

4) Indicate the name of the specialist consulted, where applicable _____

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
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ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.

