ALBERTA BLUE CROSS®

ELBASVIR/GRAZOPREVIR FOR CHRONIC HEPATITIS C 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 REGISTRATION NUMBER ☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other
STREET ADDRESS			
CITY, PROVINCE			PHONE / FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Note: Duration of therapy and coverage of ribavirin in combination with the drug regimen will be approved according to criteria specified in the *Alberta Drug Benefit List.*

1) Indicate the patient's Hepatitis C Virus (HCV) Genotype ☐ Genotype 1 → Specify subtype _____ ☐ Genotype 4

2) 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**

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

☐ **Yes**

☐ **No**

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

☐ **No,** the patient is treatment-naïve

☐ **Yes** → Specify drug regimen previously used _____

→ Specify the patient's response

☐ failure ☐ intolerance ☐ relapse

☐ other; specify _____

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

6) 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

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