

ALBERTA GOVERNMENT SPONSORED DRUG BENEFIT PROGRAMS

BIOSIMILARS INITIATIVE SUPPORT: Patient List Request

- Patients currently on an originator drug for which there is a biosimilar version for their medical condition must switch to the biosimilar prior to the switch date in order to maintain coverage for the molecule through their Alberta government sponsored drug plan.
- During the switching period, both the originator biologic drug and biosimilar(s) will be covered. As of the delisting date for the particular originator biologic, the authorization will cover the biosimilar(s) only.
- Prescribers can request a list of patients (for whom they have prescribed a medication that is affected by the biosimilar initiative) to assist with biosimilar switching discussions.
- A patient list will be returned to you by fax within five days. Not all of the identified patients may be candidates for switching. This information is provided to assist you in identifying patients who may benefit from switching to biosimilars.

**Please complete all sections of this form
and return it by fax to Alberta Blue Cross**

Please indicate address, phone and fax number for all applicable offices or clinics.

PRESCRIBER LAST NAME	FIRST NAME	INITIAL	OFFICE PHONE	FAX
OFFICE ADDRESS			CITY	PROVINCE
COLLEGE OF PHYSICIANS AND SURGEONS REGISTRATION NUMBER			POSTAL CODE	
OR PROFESSIONAL REGISTRATION NUMBER				
SIGNATURE OF PRESCRIBER (required) _____			DATE _____	
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.				

**PLEASE RETURN YOUR COMPLETED REGISTRATION
BY FAX TO 1-877-828-4106**

