ALBERTA BLUE CROSS®

ALENDRONATE / RALOXIFENE / RISEDRONATE FOR OSTEOPOROSIS 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
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS	CITY	PROV	POSTAL CODE	IDENTIFICATION/CLIENT/COVERAGE No:

PRESCRIBER INFORMATION			
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION ☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other REGISTRATION NO.
STREET ADDRESS			PHONE: / FAX:
CITY , PROVINCE			
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Criteria for Coverage

"For the treatment of osteoporosis in patients with a 20% or greater 10-year fracture risk who have documented intolerance to alendronate 70 mg or risedronate 35 mg. Special authorization may be granted for 6 months."

"Requests for other osteoporosis medications covered via special authorization will not be considered until 6 months after the last dose of denosumab 60 mg/syr injection syringe."

"Requests for other osteoporosis medications covered via special authorization will not be considered until 12 months after the last dose of zoledronic acid 0.05 mg/ml injection."

Note: The fracture risk can be determined by the World Health Organization's fracture risk assessment tool, FRAX, or the most recent (2010) version of the Canadian Association of Radiologist and Osteoporosis Canada (CAROC) table.

*** Alendronate 70 mg and risedronate 35 mg are regular benefits not requiring Special Authorization.**

** Alendronate and risedronate also have special authorization criteria for Paget's disease. Please refer to the Alberta Drug Benefit List for alendronate and risedronate's other criteria for the indication of Paget's disease: http://www.health.alberta.ca/services/drug-benefit-list.html

Please provide the following information for ALL requests:

Indicate which drug is requested (check ONE box): ☐ Alendronate ☐ Raloxifene ☐ Risedronate

Please provide the following information for all NEW requests:

Diagnosis: ☐ For the treatment of Osteoporosis ☐ Osteopenia ☐ Other, please specify: _____

Fracture risk:

a) Has the patient experienced FRACTURES related to the diagnosis? ☐ No ☐ Yes

b) Does the patient have a 20% or greater 10-year fracture risk? ☐ No ☐ Yes

Information regarding previous alendronate 70mg or risedronate 35mg use:

☐ alendronate 70mg or risedronate 35mg HAS been utilized.

Nature of response: ☐ Intolerance

☐ Other (please specify):_____

☐ alendronate 70mg or risedronate 35mg has NOT been utilized (specify reason(s)): _____

☐ **RENEWAL**: This product is eligible for auto-renewal for treatment of osteoporosis. A Special Authorization renewal request is required only if the Special Authorization approval for treatment of osteoporosis has lapsed (i.e. the patient has not made a claim for the drug product during the Approval Period).

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.