

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	<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
STREET ADDRESS			<input type="checkbox"/> CPSA <input type="checkbox"/> ACO      REGISTRATION NO. <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other
			PHONE:
CITY, PROVINCE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED
POSTAL CODE			

### Criteria for Coverage of CELECOXIB

For patients who are at high risk of upper gastrointestinal (GI) complications due to a proven history of prior complicated GI events (e.g. GI perforation, obstruction or major bleeding), OR

For patients who have a documented history of ulcers proven radiographically and/or endoscopically.

Special authorization may be granted for six months.

This product is eligible for auto-renewal.

**NEW** Please provide the following information for NEW requests (check ALL that apply):

1) Is this patient at high risk of upper GI complications?  Yes       No

2) Does this patient have a documented history of ulcers?  Yes       No

### Additional information relating to request

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to <ul style="list-style-type: none"> <li><b>Alberta Blue Cross, Clinical Drug Services</b> 10009 108 Street NW, Edmonton, Alberta T5J 3C5</li> <li><b>FAX: 780-498-8384</b> in Edmonton • <b>1-877-828-4106</b> toll free all other areas</li> </ul>
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**ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.**

