

Please complete ALL 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 NUMBER
			<input type="checkbox"/> CARNA	<input type="checkbox"/> ADA+C	
CITY , PROVINCE			<input type="checkbox"/> ACP	<input type="checkbox"/> Other	
POSTAL CODE			PHONE	FAX	
			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED		

Criteria for Coverage of DONEPEZIL, GALANTAMINE, RIVASTIGMINE

For the treatment of Alzheimer's disease in patients who meet the following criteria:

- a Mini Mental State Exam (MMSE) score between 10-26, or
- a St. Louis University Mental Status Examination (SLUMS) score between 6-26, or
- a Rowland Universal Dementia Assessment Scale (RUDAS) score between 9-22, or
- an InterRAI-Cognitive Performance Scale score between 1-4

Coverage cannot be provided for two or more medications used in the treatment of Alzheimer's disease (donepezil, galantamine, rivastigmine) when these medications are intended for use in combination.

Special authorization coverage may be granted for a maximum of 24 months per request.

For each request, an updated score (MMSE, SLUMS, RUDAS or InterRAI-Cognitive Performance Scale) and the date on which the exam was administered must be provided.

Renewal requests may be considered for patients where an updated score while on this drug meets the following criteria:

- MMSE score is 10 or higher, or
- SLUMS score is 6 or higher, or
- RUDAS score is 9 or higher, or
- InterRAI-Cognitive Performance Scale is 4 or lower.

PLEASE COMPLETE ALL SECTIONS TO ALLOW YOUR REQUEST TO BE PROCESSED

Indicate which drug is requested <input type="checkbox"/> Donepezil (e.g. Aricept) <input type="checkbox"/> Galantamine (e.g. Reminyl ER) <input type="checkbox"/> Rivastigmine (e.g. Exelon)	Please confirm the diagnosis for which this drug is requested For the treatment of <input type="checkbox"/> Dementia of the Alzheimer's Type <input type="checkbox"/> other (please specify) _____
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Provide a current MMSE, SLUMS, RUDAS or InterRAI-Cognitive Performance Scale score and the date the exam was administered

MMSE score _____	RUDAS score _____
Date of exam _____	Date of exam _____
SLUMS score _____	InterRAI-Cognitive Performance Scale score _____
Date of exam _____	Date of exam _____

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