

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

Please provide the following information for INITIAL requests

1) Intended use (check all that apply)
 Prevention of stroke, myocardial infarction, and cardiovascular death, and for the prevention of acute limb ischemia and mortality.
 Other (specify) _____

2) Will rivaroxaban 2.5 mg be used in combination with acetylsalicylic acid (ASA) 75 mg to 100 mg?
 Yes.
 No, explain _____

3) Does the patient have coronary artery disease (CAD)?
 Yes → complete a) and b) below.
 No.

a) Please indicate if the patient has one or more of the following by checking the applicable boxes.
 Myocardial infarction within the last 20 years
 Multi-vessel coronary disease (i.e., stenosis of greater than or equal to 50 per cent in two or more coronary arteries, or in one coronary territory if at least one other territory has been revascularized) with symptoms or history of stable or unstable angina.
 Multi-vessel percutaneous coronary intervention.
 Multi-vessel coronary artery bypass graft surgery.

b) For patients less than 65 years old, does the patient have documented atherosclerosis or revascularization involving at least two vascular beds (coronary and other vascular) or at least two additional risk factors (current smoker, diabetes mellitus, estimated glomerular filtration rate less than 60 mL/min, heart failure, non-lacunar ischemic stroke 1 month or more ago)?
 Yes
 No

4) Does the patient have peripheral artery disease (PAD)?
 Yes → complete a) below
 No

a) Please indicate if the patient has one or more of the following by checking the applicable boxes
 Previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac or infrainguinal arteries.
 Previous limb or foot amputation for arterial vascular disease.
 History of intermittent claudication and one or more of the following:
 - An anklebrachial index less than 0.90.
 - Significant peripheral stenosis (greater than or equal to 50%) documented by angiography or by duplex ultrasound.
 Previous carotid revascularization or asymptomatic carotid artery stenosis greater than or equal to 50%, as diagnosed by duplex ultrasound or angiography.

5) Exclusion criteria: do any of the following apply to the patient?

a) High risk of bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) A history of stroke within one month of treatment initiation or any history of hemorrhagic or lacunar stroke.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Severe heart failure with a known ejection fraction less than 30% or New York Heart Association (NYHA) class III or IV symptoms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) An estimated glomerular filtration rate less than 15 mL/min.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Require dual antiplatelet therapy, other non-ASA antiplatelet therapy, or oral anticoagulant therapy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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