ALBERTA BLUE CROSS®

SEBELIPASE ALFA
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
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	
	☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other	REGISTRATION NUMBER
STREET ADDRESS		
CITY, PROVINCE	PHONE	FAX
POSTAL CODE	FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

Section I: Please provide the following information for ALL requests

1) Please provide the patient's current weight (kg) _____

Section II: Please provide the following information for INITIAL requests for treatment naïve and treatment-experienced patients

1) Diagnosis (check one)

☐ Lysosomal acid lipase (LAL) deficiency

☐ Other (specify) _____

2) Confirmation of diagnosis (check all that apply)

☐ Documented biochemical evidence of deficient LAL activity **(Note: copy of lab report must be provided)**

☐ Two documented pathogenic mutations in the LIPA gene **(Note: copy of genetic report must be provided)**

3) Onset of clinical manifestations of LAL deficiency (check one)

☐ Onset of clinical manifestations of LAL deficiency **before six months of age**

☐ Onset of clinical manifestations of LAL deficiency **at six months of age and older**

Section III: Provide the following information for RENEWAL requests and for INITIAL requests for treatment-experienced patients

1) Adverse events

Has the patient experienced adverse events from sebelipase alfa (particularly hypersensitivity reactions including anaphylaxis, hypotension, or fever), which cannot be managed with standard treatment, and/or have a significant impact on the patient's quality of life, or are life-threatening? ☐ Yes ☐ No

Additional information relating to request

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

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.

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Criteria for coverage

SEBELIPASE ALFA (e.g. Kanuma) special authorization criteria
"For the treatment of lysosomal acid lipase (LAL) deficiency in patients who have: - documented biochemical evidence of deficient LAL activity (a copy of the lab report must be provided), - two documented pathogenic mutations in the LIPA gene (a copy of the lab report must be provided), - onset of clinical manifestations of LAL deficiency before six months of age. For coverage, this drug must be prescribed by a specialist with experience in the diagnosis and management of LAL deficiency. Coverage may be approved for up to 3 mg/kg once weekly as an intravenous infusion. Patients will be limited to receiving a 4-week supply of sebelipase alfa per prescription at their pharmacy. Special authorization may be granted 12 months. Renewal of coverage for sebelipase alfa may be continued for patients who do not experience any of the following adverse events from sebelipase alfa: hypersensitivity reactions (including anaphylaxis, hypotension, or fever), which cannot be managed with standard treatment, and/or have a significant impact on the patient's quality of life, or are life-threatening."

ABC 60089 (2021/07)