

Please complete all required sections to allow your request to be processed.

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 REGISTRATION NUMBER
			<input type="checkbox"/> CPSA <input type="checkbox"/> ACO <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other
STREET ADDRESS		PHONE	FAX
CITY, PROVINCE		FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	
POSTAL CODE			

Note: Duration of therapy will be approved according to criteria specified in the *Alberta Drug Benefit List*.

1) Does the patient have a quantitative HCV RNA value within six months of this request?

Yes → Provide test date (YYYY-MM-DD) _____ No Not tested

2) Has the patient previously been treated with an HCV antiviral drug regimen?

No, the patient is treatment-naïve
 → Does the patient have **decompensated** cirrhosis with Child-Turcotte-Pugh B or C (i.e. score seven or above)?
 Yes
 No
 Yes → Specify drug regimen previously used _____
 → Specify the patient's Genotype _____
 → Does the patient have cirrhosis?
 Yes, **compensated** cirrhosis with Child-Turcotte-Pugh A (i.e. score five to six)
 Yes, **decompensated** cirrhosis with Child-Turcotte-Pugh B or C (i.e. score seven or above)
 No

3) If the patient is currently on the requested drug regimen, please indicate start date (YYYY-MM-DD) _____

4) Indicate the name of the specialist consulted, where applicable _____

Additional information relating to request

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	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.

