

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
			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			
CITY, PROVINCE			PHONE FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

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

- Indicate the patient's Hepatitis C Virus (HCV) Genotype ☐ Genotype 2 ☐ Genotype 3
- 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
- For Genotype 2: Does the patient have decompensated cirrhosis with Child-Turcotte-Pugh B or C (i.e. score seven or above)?
☐ Yes
☐ No
- Has the patient previously been treated with an HCV antiviral drug regimen?
☐ No, the patient is treatment-naïve
☐ Yes → Specify drug regimen previously used _____
- If the patient is currently on the requested drug regimen, please indicate start date (YYYY-MM-DD) _____
- 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

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