

# ATOMOXETINE

## For Attention Deficit Hyperactivity Disorder SPECIAL AUTHORIZATION REQUEST FORM

Patients may or may not meet eligibility requirements as established by Alberta government sponsored drug programs.

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

| PATIENT INFORMATION     |                                |         |  | COVERAGE TYPE             |
|-------------------------|--------------------------------|---------|--|---------------------------|
| LAST NAME               | FIRST NAME                     | INITIAL | <input type="checkbox"/> Alberta Blue Cross<br><input type="checkbox"/> Alberta Human Services<br><input type="checkbox"/> Other _____ |                           |
| BIRTH DATE (YYYY-MM-DD) | ALBERTA PERSONAL HEALTH NUMBER |         |  |                           |
| ADDRESS                 | CITY                           | PROV    | POSTAL CODE  | ID/CLIENT/COVERAGE NUMBER |

| PRESCRIBER INFORMATION |            |         |   |                                |
|------------------------|------------|---------|---|--------------------------------|
| PRESCRIBER LAST NAME   | FIRST NAME | INITIAL | PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION        |                                |
| 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 |                                |

| Criteria for Coverage of Atomoxetine for Attention Deficit Hyperactivity Disorder (ADHD)   |
|--|
| <p>FIRST-LINE DRUG PRODUCT(S): SHORT-/LONG-ACTING METHYLPHENIDATE AND SHORT-/LONG-ACTING AMPHETAMINE</p> <p>“For the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years of age and older who are refractory to a short-/long-acting methylphenidate AND a short-/long-acting amphetamine.</p> <p>“Refractory” is defined as one or more of the following: lack of effect, serious adverse effects or contraindications to treatments as defined in the product monographs.</p> <p>Special authorization may be granted for 24 months.”</p> |

| Please provide the following information for ALL requests for the treatment of ADHD  |
|--|
| 1) Please indicate if <b>short or long-acting methylphenidate</b> was tried<br><input type="checkbox"/> Yes, specify drug name _____ <input type="checkbox"/> No, specify reason _____ |
| 2) Please indicate if a <b>short or long-acting amphetamine</b> was tried<br><input type="checkbox"/> Yes, specify drug name _____ <input type="checkbox"/> No, specify reason _____   |

| Additional information relating to request |                   |   |
|--|-------------------|---|
| PRESCRIBER'S SIGNATURE                     | DATE (YYYY-MM-DD) | Please forward this request to<br><b>Alberta Blue Cross, Clinical Drug Services</b><br><b>10009 108 Street NW, Edmonton, Alberta T5J 3C5</b><br>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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