

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

Criteria for Coverage of Cerliponase Alfa (e.g. Brineura)

For the treatment of neuronal ceroid lipofuscinosis type 2 (CLN2) disease, also known as tripeptidyl peptidase 1 (TPP1) deficiency, in patients who meet all of the following criteria:

- 1) has a confirmed diagnosis of CLN2 disease based on TPP1 enzyme activity and CLN2 genotype analysis.
- 2) has a minimum score of greater than or equal to 1 in each of the motor and the language domains of the CLN2 Clinical Rating Scale
- 3) has an aggregated motor-language score of greater than or equal to 3 on the CLN2 Clinical Rating Scale

Coverage may be approved for a period of 6 months.

Ongoing coverage may be considered only if the following criteria are met at the end of each 6-month period:

Patients must be assessed every 24 weeks for changes in motor and language function using the CLN2 Clinical Rating Scale and must NOT have:

- a 2 point or greater reduction in the aggregate motor-language score of the CLN2 Clinical Rating Scale that is maintained over any two consecutive 24 week assessments, OR
- the aggregate motor-language score of the CLN2 Clinical Rating Scale reaches zero at two consecutive 24-week assessments.

Patients will be limited to receiving one dose (2 vials) of cerliponase alfa per prescription at their pharmacy.

Please provide the following information for ALL requests

Diagnosis <input type="checkbox"/> Neuronal ceroid lipofuscinosis type 2 (CLN2) disease / Tripeptidyl peptidase 1 (TPP1) deficiency <input type="checkbox"/> Other (specify) _____	Please indicate if this patient is <input type="checkbox"/> starting drug upon approval complete section I <input type="checkbox"/> new to coverage but currently maintained on drug complete section I and II <input type="checkbox"/> submitting renewal request complete section II
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Section I: Please provide pre-treatment information for all INITIAL requests

1) Does the patient have a confirmed diagnosis of CLN2 disease based on TPP1 enzyme activity and CLN2 genotype analysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Does the patient have a minimum score of greater than or equal to 1 in each of the motor and the language domains of the CLN2 Clinical Rating Scale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Provide the pre-treatment aggregated motor-language score on the CLN2 Clinical Rating Scale _____ Date _____		

Section II: Please complete the following for all RENEWAL requests

Please provide the **current** aggregated motor-language score on the CLN2 Clinical Rating Scale _____ Date _____

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

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