

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
STREET ADDRESS			<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
			REGISTRATION NUMBER
CITY, PROVINCE			PHONE
POSTAL CODE			FAX
FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED			

Indicate which drug is requested (check ONE box)     Denosumab 60 mg/syr     Zoledronic Acid 0.05 mg/ml

Indicate diagnosis     Osteoporosis     Other (specify) \_\_\_\_\_

Indicate fracture risk and history (check ALL that apply)

Note: The fracture risk can be determined by the World Health Organization's fracture risk assessment tool, FRAX, or the most recent version of the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) table.

- high 10-year risk (i.e., greater than 20%) of experiencing a major osteoporotic fracture
- moderate 10-year fracture risk (i.e., 10-20%)
- prior fragility fracture

Indicate which of the following pertain to this patient (check ALL that apply)

- oral bisphosphonates are contraindicated due to an abnormality of the esophagus which delays esophageal emptying
- persistent severe gastrointestinal intolerance to a course of therapy with either alendronate or risedronate
- unsatisfactory response (defined as a fragility fracture despite adhering to oral alendronate or risedronate treatment fully for 1 year and evidence of a decline in BMD below pre-treatment baseline level)

**Denosumab requests only**

- bisphosphonates are contraindicated due to drug-induced hypersensitivity (i.e., immunologically mediated)
- bisphosphonates are contraindicated due to severe renal impairment (i.e., creatinine clearance < 35 mL/min)

**Additional information relating to request**

PRESCRIBER'S SIGNATURE	DATE (YYYY-MM-DD)	Please forward this request to ▪ <b>Alberta Blue Cross, Clinical Drug Services</b> 10009-108 Street NW, Edmonton, Alberta T5J 3C5 ▪ <b>FAX: 780-498-8384</b> in Edmonton • <b>1-877-828-4106</b> toll-free all other areas
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**ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.**

4The 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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