

**PRIOR AUTHORIZATION REQUEST FORM**

Alectinib (Alecensaro[®]), Brigatinib (Alunbrig[®]), Ceritinib (Zykadia[®]) / Locally advanced or metastatic non-small cell lung cancer (NSCLC)

DECLARATION OF THE INSURED PERSON**Section 1: Information about the plan member and the patient**

Name of plan member	Insurance policy / certificate	Name of employer	
Name of patient	Date of birth (YYYY/MM/DD)	Telephone	
Address (house number and street name)	City/Town	Province	Postal code

Section 2: Other prescription drug insurance policies

Do you have other prescription drug insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please answer the following:		
What type of plan is it?	<input type="checkbox"/> Private	<input type="checkbox"/> Public
Have you ever submitted a claim for this drug to the other insurer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the status of the claim?	<input type="checkbox"/> Accepted	<input type="checkbox"/> Refused
		<input type="checkbox"/> Under review
Did this insurer ask you to complete a prior authorization request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what is the status of the prior authorization request?	<input type="checkbox"/> Accepted	<input type="checkbox"/> Refused
		<input type="checkbox"/> Under review

Please enclose acceptance or refusal documents, if applicable

Section 3: Authorization to disclose personal information

I certify that the information in this prior authorization request is complete, accurate and true.

I authorize physicians and other health care professionals, medical, paramedical or clinical institutions, care coordinators, members of SSQ's Preferred Pharmacy Network (outside Quebec only) and any public or parapublic organization, including Régie de l'assurance maladie du Québec, to disclose to SSQ, Life Insurance Company Inc. (SSQ) any of my relevant personal information including and without limitation, any medical information and medical evaluations in connection with the processing of this request. I hereby waive their confidentiality obligation and authorize them to disclose the requested information to SSQ. In addition, I authorize SSQ to disclose to the previously named third parties any of my relevant personal information including and without limitation any medical information and medical evaluations in connection with the processing of this request.

Photocopies of this document have the same value as the original.

Signature of **patient** (parent/legal guardian) _____ Date _____

IMPORTANT :

All correspondence concerning this form will be sent to the address indicated in the participant's file.

Send us this duly completed form by mail or by fax to: 1-855-453-3942.

Telephone: 418-651-2588/1-800-380-2588 – Fax: 1-855-453-3942 Address: 2525 Laurier Blvd, P.O. Box 10500, Quebec City, QC G1V 4H6 / ssq.ca

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DECLARATION OF THE PRESCRIBER**Section 4: Information about the prescriber**

Name of prescriber	Specialty	Licence No.:
Telephone		Fax
I hereby certify that the information in this request is complete, true and accurate:		
Signature of prescriber		Date

Section 5 : Drug covered by the authorization

Name of drug	Pharmaceutical form	Strength	Dosage Dose: _____ Frequency of administration: _____
Type of request	<input type="checkbox"/> First request Complete section 6		
	<input type="checkbox"/> Continuation of treatment Complete section 7 Also complete section 6 if this is the first authorization requested from SSQ		

IMPORTANT:

Please do not provide any genetic test results

Section 6 : Clinical information (first request)**Diagnosis**

- ☐ Non-small cell lung cancer (NSCLC) non resectable locally advanced or metastatic in compliance with Health Canada indication

For informational purposes only:

Alecensaro, Alunbrig, and Zykadia are Health Canada indicated for:

- *the first line treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC).*
- *monotherapy treatment of adult patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) who have progressed on or who were intolerant to an ALK inhibitor (crizotinib).*

- ☐ Other. Specify : _____

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Section 6 : Clinical information (first request) (cont'd)**Administration**

- ☐ In monotherapy
☐ Other. Specify : _____

ACTUAL value of performance status

ECOG ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Pharmacologic treatment

- ☐ First-line treatment
☐ Other. Specify : _____

Crizotinib previous trial

- ☐ Yes
Discontinuation reason:
 ☐ Cancer has progressed despite the administration
 ☐ Intolerance. Specify : _____
 ☐ Other. Specify : _____
☐ No

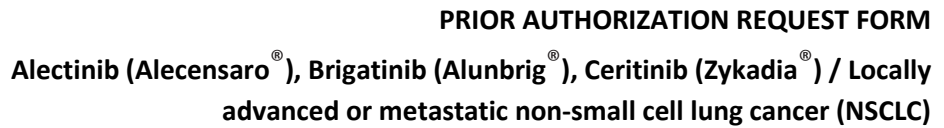
Section 7 : Clinical information (continuation of treatment)**Administration**

- ☐ In monotherapy
☐ Other. Specify : _____

Beneficial clinical effect observed

Treatment start date : _____

- ☐ Absence of disease progression
☐ Other. Specify : _____



Imaging confirmation (if crizotinib previous trials EXCLUSIVELY) :

- ## Section 8 : Additional information

[illegible]