ALBERTA BLUE CROSS®

Long-Acting Fixed-Dose Combination Products for Asthma/COPD
SPECIAL AUTHORIZATION REQUEST FORM

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	☐ Alberta Blue Cross ☐ Alberta Human Services ☐ 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 ☐ CPSA ☐ ACO ☐ CARNA ☐ ADA+C ☐ ACP ☐ Other REGISTRATION NUMBER
STREET ADDRESS			
CITY, PROVINCE	PHONE		FAX
POSTAL CODE	FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED		

Please select requested drug (and specific strength or product, where applicable)	Complete the following section(s)
☐ Budesonide + formoterol fumarate dihydrate (e.g. Symbicort) ☐ Fluticasone furoate + vilanterol trifenatate (e.g. Breo Ellipta) → **Applicable strength** ☐ 100 mcg/25 mcg ☐ Fluticasone propionate + salmeterol xinafoate (e.g. Advair) → **Applicable products** ☐ 250 mcg/50 mcg inhalation powder ☐ 500 mcg/50 mcg inhalation powder	Section I and/or II
☐ Fluticasone furoate + vilanterol trifenatate (e.g. Breo Ellipta) → **Applicable strength** ☐ 200 mcg/25 mcg ☐ Fluticasone propionate + salmeterol xinafoate (e.g. Advair) → **Applicable products** ☐ 100 mcg/50 mcg inhalation powder ☐ Advair 125 MDA ☐ Advair 250 MDA ☐ Indacaterol acetate + mometasone furoate (e.g. Atectura Breezhaler) ☐ Indacaterol acetate + glycopyrronium bromide + mometasone furoate (e.g. Enerzair Breezhaler) ☐ Mometasone furoate + formoterol fumarate dihydrate (e.g. Zenhale)	Section I only
☐ Aclidinium bromide + formoterol fumarate dihydrate (e.g. Duaklir Genuair) ☐ Budesonide + glycopyrronium bromide + formoterol fumarate dihydrate (e.g. Breztri) ☐ Fluticasone furoate + umeclidinium bromide + vilanterol trifenatate (e.g. Trelegy Ellipta) ☐ Indacaterol maleate + glycopyrronium bromide (e.g. Ultibro Breezhaler) ☐ Tiotropium bromide + olodaterol hydrochloride (e.g. Inspiolto Respimat) ☐ Umeclidinium bromide + vilanterol trifenatate (e.g. Anoro Ellipta)	Section II only

Section I. Inhaled combination drug products for the treatment of asthma

Requests for DUAL therapy combination products ONLY: Has the patient tried a single-entity inhaled corticosteroid [ICS] (e.g. beclomethasone, budesonide, ciclesonide, fluticasone, mometasone)?

☐ Yes ☐ No → Please specify reason _____

Requests for TRIPLE therapy combination products ONLY (check the boxes that apply to your patient)

Diagnosis ☐ Asthma ☐ Other (specify) _____

☐ patient is not controlled on optimal dual inhaled therapy with a long-acting beta-2 agonist [LABA] and a medium or high dose of an ICS

☐ patient has experienced one or more asthma exacerbations in the previous 12 months

Section II. Inhaled combination drug products for the treatment of COPD

DUAL therapy requests: check applicable for each of **a) AND b)** below **OR** **TRIPLE therapy requests:** check applicable for each of **b) AND c)** below.

a) Requests for DUAL therapy combination products ONLY

☐ patient has severe (i.e., FEV1 < 50% predicted) chronic obstructive pulmonary disease (COPD)

b) Requests for DUAL <u>and</u> TRIPLE therapy combination products

☐ patient has tried a single-entity long-acting beta-2 agonist [LABA] (e.g. formoterol, indacaterol or salmeterol)

☐ patient has tried a single-entity long-acting muscarinic antagonist [LAMA] (e.g. aclidinium, glycopyrronium, tiotropium or umeclidinium)

c) Requests for TRIPLE therapy combination products ONLY

☐ patient has tried optimal dual therapy with either a LABA/LAMA or ICS/LABA combination product

OR, please specify reason why a single-entity LABA or LAMA product and/or dual therapy combination LABA/LAMA or ICS/LABA product has not been tried

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