

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

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	
BIRTHDATE (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	
CITY, PROVINCE			<input type="checkbox"/> CARNA	<input type="checkbox"/> ADA+C
			<input type="checkbox"/> ACP	<input type="checkbox"/> Other
POSTAL CODE			PHONE	FAX
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)
<input type="checkbox"/> Budesonide + formoterol fumarate dihydrate (such as Symbicort) <input type="checkbox"/> Fluticasone furoate + vilanterol trifenate (such as Breo Ellipta) → Applicable strength <input type="checkbox"/> 100 mcg/25 mcg <input type="checkbox"/> Fluticasone propionate + salmeterol xinafoate (such as Advair) → Applicable products <input type="checkbox"/> 250 mcg/50 mcg inhalation powder <input type="checkbox"/> 500 mcg/50 mcg inhalation powder	Section I and/or II
<input type="checkbox"/> Fluticasone furoate + vilanterol trifenate (such as Breo Ellipta) → Applicable strength <input type="checkbox"/> 200 mcg/25 mcg <input type="checkbox"/> Fluticasone propionate + salmeterol xinafoate (such as Advair) → Applicable products <input type="checkbox"/> 100 mcg/50 mcg inhalation powder <input type="checkbox"/> Advair 125 MDI <input type="checkbox"/> Advair 250 MDI	Section I only
<input type="checkbox"/> Acclidinium bromide + formoterol fumarate dihydrate (such as Duaklir Genuair) <input type="checkbox"/> Fluticasone furoate + umeclidinium bromide + vilanterol trifenate (such as Trelegy Ellipta) <input type="checkbox"/> Glycopyrronium bromide + indacaterol maleate (such as Ultibro Breezhaler) <input type="checkbox"/> Tiotropium bromide + olodaterol hydrochloride (such as Inspiro Respimat) <input type="checkbox"/> Umeclidinium bromide + vilanterol trifenate (such as Anoro Ellipta)	Section II only

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

Has the patient tried a single-entity Inhaled Corticosteroid (ICS) (such as beclomethasone, budesonide, ciclesonide, fluticasone or mometasone)?

Yes No → Please specify reason _____

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

- **DUAL therapy requests:** check the boxes that apply to your patient for each of a) AND b) below.
- **TRIPLE therapy requests:** check the boxes that apply to your patient for each of b) AND c) below.

a) Requests for DUAL therapy combination products ONLY

patient has severe (such as FEV1 < 50 per cent predicted) Chronic Obstructive Pulmonary Disease (COPD)

b) Requests for DUAL and TRIPLE therapy combination products

patient has tried a single-entity Long-Acting Beta-2 Agonist (LABA) (such as formoterol, indacaterol or salmeterol)

patient has tried a single-entity Long-Acting Muscarinic Antagonist (LAMA) (such as acclidinium, 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 if none of the above apply, please specify reason why the patient has not tried a single-entity LABA or LAMA product and/or dual therapy combination LABA/LAMA or ICS/LABA product

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

The information collected by this form is collected 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 purpose 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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Criteria for Coverage

<p>BUDESONIDE + FORMOTEROL FUMARATE DIHYDRATE (such as Symbicort) FLUTICASONE FUROATE + VILANTEROL TRIFENATATE (such as Breo Ellipta 100 mcg/25 mcg) FLUTICASONE PROPIONATE + SALMETEROL XINAFOATE (such as Advair 250 Diskus, Advair 500 Diskus)</p>
<p>ASTHMA FIRST-LINE DRUG PRODUCT(S): INHALED CORTICOSTEROID (ICS)</p> <p>"For the treatment of asthma in patients uncontrolled on inhaled steroid therapy."</p> <p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FIRST-LINE DRUG PRODUCT(S): LONG-ACTING BRONCHODILATOR (THAT IS, LABA OR LAMA)</p> <p>"For the long-term maintenance treatment of airflow obstruction in patients with moderate to severe (such as FEV1 < 80 per cent predicted) COPD, who have an inadequate response to a long-acting bronchodilator LABA or LAMA."</p> <p>"For the long-term maintenance treatment of airflow obstruction in patients with severe (such as FEV1 < 50 per cent predicted) COPD."</p> <p>"Special authorization may be granted for 24 months."</p>
<p>FLUTICASONE FUROATE + VILANTEROL TRIFENATATE (such as Breo Ellipta 200 mcg/25 mcg) FLUTICASONE PROPIONATE + SALMETEROL XINAFOATE (such as Advair 100 Diskus, Advair 125 MDI, Advair 250 MDI)</p>
<p>ASTHMA FIRST-LINE DRUG PRODUCT(S): INHALED CORTICOSTEROID (ICS)</p> <p>"For the treatment of asthma in patients uncontrolled on inhaled steroid therapy."</p> <p>"Special authorization may be granted for 24 months."</p>
<p>ACLIDINIUM BROMIDE + FORMOTEROL FUMARATE DIHYDRATE (such as Duaklir Genuair) GLYCOPYRRONIUM BROMIDE + INDACATEROL MALEATE (such as Ultibro Breezhaler) TIOTROPIUM BROMIDE + OLODATEROL HYDROCHLORIDE (such as Inspiroto Respimat) UMECLIDIUM BROMIDE + VILANTEROL TRIFENATATE (such as Anoro Ellipta)</p>
<p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) FIRST-LINE DRUG PRODUCT(S): LONG-ACTING BRONCHODILATOR (THAT IS, LABA OR LAMA)</p> <p>"For the long-term maintenance treatment of airflow obstruction in patients with moderate to severe (such as FEV1 < 80 per cent predicted) COPD, who have an inadequate response to a long-acting bronchodilator (that is, LABA or LAMA)."</p> <p>"For the long-term maintenance treatment of airflow obstruction in patients with severe (such as FEV1 < 50 per cent predicted) COPD."</p> <p>"Special authorization may be granted for 24 months."</p>
<p>FLUTICASONE FUROATE + UMECLIDIUM BROMIDE + VILANTEROL TRIFENATATE (e.g. Trelegy Ellipta)</p>
<p>CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)</p> <p>FIRST-LINE DRUG PRODUCT(S): LONG-ACTING BRONCHODILATOR (THAT IS, LABA OR LAMA) SECOND-LINE DRUG PRODUCT(S): LONG-ACTING BRONCHODILATOR DUAL THERAPY (THAT IS, LABA OR LAMA) OR DUAL THERAPY OF ICS AND LABA</p> <p>"For the long-term maintenance treatment of COPD, including chronic bronchitis and/or emphysema, in patients who are not controlled on optimal dual inhaled therapy (that is, LABA or LAMA OR ICS or LABA)."</p> <p>"Special authorization may be granted for 24 months."</p>