ALBERTA BLUE CROSS®

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

MONTELUKAST/ZAFIRLUKAST
SPECIAL AUTHORIZATION REQUEST FORM

Patients may or may not meet eligibility requirements as established by Alberta Government sponsored drug programs.

PATIENT INFORMATION

PATIENT LAST NAME	FIRST NAME		INITIAL	
DATE OF BIRTH (YYYY/MM/DD)	ALBERTA PERSONAL HEALTH NUMBER			
STREET ADDRESS	CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER

COVERAGE TYPE

- ☐ Alberta Blue Cross
- ☐ Alberta Human Services
- ☐ Other

PRESCRIBER INFORMATION

PRESCRIBER LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS		
CITY , PROVINCE		
POSTAL CODE		

PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION

- ☐ CPSA ☐ ACO REGISTRATION NO.
- ☐ CARNA ☐ ADA+C
- ☐ ACP ☐ Other

PHONE	FAX

FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED

Indicate drug requested (check one box): ☐ **Montelukast 5mg + 10mg (e.g. Singulair)** ☐ **Zafirlukast 20mg (e.g. Accolate)**

Criteria for Coverage of MONTELUKAST / ZAFIRLUKAST

For the prophylaxis and chronic treatment of asthma in patients over the age of 18 who meet one of the following criteria:

a) when used as adjunctive therapy in patients who do not respond adequately to high doses of inhaled glucocorticosteroids and long-acting beta 2 agonists. Patients must be unable to use long-acting beta 2 agonists or have demonstrated persistent symptoms while on long-acting beta 2 agonists, OR

b) cannot operate inhaler devices.

For the prophylaxis of exercise-induced bronchoconstriction in patients over the age of 18 where tachyphylaxis exists for long-acting beta 2 agonists.

Special Authorization for both criteria may be granted for six months. This product is eligible for auto-renewal.

Note: Refer to the Alberta Drug Benefit List for Restricted Benefit coverage of patients two to 18 years of age inclusive for Montelukast and 12 to 18 years of age inclusive for Zafirlukast.

Please provide the following information for NEW requests (Section 1 and Section 2 or 3 must be completed)

Section 1: Indication

- ☐ Prophylaxis and chronic treatment of asthma (If yes, proceed to Section 2A or 2B only)
- ☐ Prophylaxis of exercise-induced bronchoconstriction (If yes, proceed to Section 3 only)
- ☐ Other (please specify) ____________________

Section 2: Prophylaxis and chronic treatment of asthma

A. Previous Medication Use

a) Please indicate if an inhaled glucocorticosteroid was used

☐ Yes ☐ No (If no, please specify reason) ____________________

b) Please indicate if a long-acting beta 2 agonist (e.g. salmeterol or formoterol) was tried

☐ Yes → Response: ☐Persistent symptoms

☐ Other (please specify) ____________________

☐ No (If no please specify) ____________________

B. Use of Inhaler Device

Please indicate if the patient has difficulty using an inhaler device:

☐ Yes (Please elaborate on the nature of the difficulty)____________
____

☐ No

Section 3: Prophylaxis of exercise induced bronchoconstriction

Does this patient have tachyphylaxis with long-acting beta 2 agonists? ☐ Yes ☐ No ☐ Other (please specify) ____________________

Additional information relating to request

PRESCRIBER'S SIGNATURE	DATE	Please forward this request to

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

The 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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