

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	
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"/> CARN	<input type="checkbox"/> ADA+C
			<input type="checkbox"/> ACP	<input type="checkbox"/> Other
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)
<input type="checkbox"/> Budesonide + formoterol fumarate dihydrate (e.g. Symbicort) <input type="checkbox"/> Fluticasone furoate + vilanterol trifenate (e.g. Breo Ellipta) → Applicable strength <input type="checkbox"/> 100mcg/25mcg <input type="checkbox"/> Fluticasone propionate + salmeterol xinafoate (e.g. Advair) → Applicable products <input type="checkbox"/> 250mcg/50mcg inhalation powder <input type="checkbox"/> 500mcg/50mcg inhalation powder	Section I and/or II
<input type="checkbox"/> Fluticasone furoate + vilanterol trifenate (e.g. Breo Ellipta) → Applicable strength <input type="checkbox"/> 200mcg/25mcg <input type="checkbox"/> Fluticasone propionate + salmeterol xinafoate (e.g. Advair) → Applicable products <input type="checkbox"/> 100mcg/50mcg inhalation powder <input type="checkbox"/> Advair 125 MDA <input type="checkbox"/> Advair 250 MDA <input type="checkbox"/> Indacaterol acetate + mometasone furoate (e.g. Atecura Breezhaler) <input type="checkbox"/> Indacaterol acetate + glycopyrronium bromide + mometasone furoate (e.g. Enerzair Breezhaler) <input type="checkbox"/> Mometasone furoate + formoterol fumarate dihydrate (e.g. Zenhale)	Section I only
<input type="checkbox"/> Aclidinium bromide + formoterol fumarate dihydrate (e.g. Duaklir Genuair) <input type="checkbox"/> Budesonide + glycopyrronium bromide + formoterol fumarate dihydrate (e.g. Breztri) <input type="checkbox"/> Fluticasone furoate + umeclidinium bromide + vilanterol trifenate (e.g. Trelegy Ellipta 100mcg/62.5mcg/25mcg) <input type="checkbox"/> Indacaterol maleate + glycopyrronium bromide (e.g. Ultibro Breezhaler) <input type="checkbox"/> Tiotropium bromide + olodaterol hydrochloride (e.g. Inspiroto Respimat) <input type="checkbox"/> Umeclidinium bromide + vilanterol trifenate (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 and 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
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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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