

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

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"/> CARNA	<input type="checkbox"/> ADA+C
CITY , PROVINCE			<input type="checkbox"/> ACP	<input type="checkbox"/> Other
			PHONE	FAX
POSTAL CODE			FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED	

Criteria for Coverage of MONTELUKAST 5mg & 10mg (e.g. Singulair)

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 Montelukast 4mg for patients 2 to 18 years of age inclusive and Montelukast 5mg & 10mg for patients 6 to 18 years of age inclusive.

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

<p>A. Previous Medication Use</p> <p>a) Please indicate if an inhaled glucocorticosteroid was used <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please specify reason) _____</p> <p>b) Please indicate if a long-acting beta 2 agonist (e.g. salmeterol or formoterol) was tried <input type="checkbox"/> Yes → Response: <input type="checkbox"/> Persistent symptoms <input type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> No (If no please specify) _____</p>	<p>B. Use of Inhaler Device</p> <p>Please indicate if the patient has difficulty using an inhaler device: <input type="checkbox"/> Yes (Please elaborate on the nature of the difficulty) _____ <input type="checkbox"/> No</p>
--	--

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 (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

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.

