NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Coverage of Insured Asthma Inhalers

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

SECTION 1: REQUESTED INHALER

LABA OR LABA/ICS MONOTHERAPY

Long Acting Beta2-Agonist (LABA) Monotherapy:
☐ Oxeze ☐ Serevent

OR

Long Acting $Beta_2$-Agonist (LABA)/Inhaled Steroid (ICS) Monotherapy:
☐ Atectura ☐ Advair and generic brands ☐ Breo Ellipta
☐ Symbicort ☐ Zenhale

For the treatment of patients who:

☐ Have moderate to severe asthma **and**

☐ Are compliant with inhaled corticosteroids at optimal doses; (please provide details below) **and**

☐ Require additional symptom control, (e.g., cough, awakening at night, missing activities such as school, work or social activities because of asthma symptoms); **and**

☐ Require increasing amounts of short-acting beta2-agonists, indicative of poor control (please provide details below)

ICS/LAMA/LABA TRIPLE THERAPY

☐ Enerzair

For the treatment of adult patients who:

☐ Have asthma **and**

☐ Are not adequately controlled with a maintenance combination of a long-acting beta2-agonist (LABA) and a medium or high dose of an inhaled corticosteroid (ICS) (please provide details below) **and**

☐ Experienced one or more asthma exacerbations in the previous 12 months.

Please note: Asthma exacerbation is defined as: worsening signs or symptoms of asthma (shortness of breath, cough, wheezing or chest tightness and progressive decrease in lung function) requiring administration of systemic corticosteroids for at least three days, or asthma-related hospitalization.

SECTION 2: PREVIOUS INHALER THERAPY

Please provide details of previous inhaler therapy:

Inhaler	Dose	Start Date/ Duration of Therapy	Outcome

Additional Comments (if applicable):

PRESCRIBER NAME & ADDRESS:

LICENCE # _____

PRESCRIBER SIGNATURE _____

DATE _____

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1; Fax: (902) 496-4440

NOVA SCOTIA

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