

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Coverage of Chronic Obstructive Pulmonary Disease (COPD) Therapy

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			

DRUG REQUESTED

Long-Acting Beta ₂ Agonists (LABA)	Long-Acting Beta ₂ Agonists/ICS (LABA/ICS)	Long-Acting Anticholinergics (LAAC)	Long-Acting Beta ₂ Agonists/Long-Acting Anticholinergics (LABA/LAAC)
<input type="checkbox"/> Formoterol (Foradil, Oxeze) <input type="checkbox"/> Indacaterol (Onbrez) <input type="checkbox"/> Salmeterol (Serevent)	<input type="checkbox"/> Formoterol/Budesonide (Symbicort) <input type="checkbox"/> Salmeterol/Fluticasone (Advair) <input type="checkbox"/> Fluticasone Furoate/Vilanterol (Breo Ellipta)	<input type="checkbox"/> Tiotropium Bromide (Spiriva) 18mcg <input type="checkbox"/> Glycopyrronium Bromide (Seebri) <input type="checkbox"/> Acclidinium Bromide (Tudorza Genuair) <input type="checkbox"/> Umeclidinium (Incruse Ellipta) <input type="checkbox"/> Tiotropium Bromide (Spiriva Respimat) 2.5mcg	<input type="checkbox"/> Indacaterol/Glycopyrronium (Ultibro Breezhaler) <input type="checkbox"/> Vilanterol/Umeclidinium (Anoro Ellipta) <input type="checkbox"/> Acclidinium Bromide/Formoterol (Duaklir Genuair) <input type="checkbox"/> Tiotropium Bromide/Olodaterol (Inspiroto Respimat)

NOTE: Please refer to the Nova Scotia Formulary for criteria and notes for coverage of Chronic Obstructive Pulmonary Disease (COPD) therapy.

DIAGNOSTIC INFORMATION

Current / Past Therapies for COPD: *(indicate drug, dosage, duration, outcome)*

Pulmonary Function Tests

Post bronchodilator FEV₁ (% predicted) _____ FEV₁/FVC ratio (%) _____

► Under the unusual circumstance that spirometry cannot be obtained, explain why & indicate the severity of the condition below:

Explanation: _____

- MODERATE*** – shortness of breath from COPD causing the patient to stop after walking about 100 meters (or after a few minutes) on the level. (MRC** 3-4)
- SEVERE*** – shortness of breath from COPD resulting in the patient being too breathless to leave the house or breathless after undressing (MRC** 5) or the presence of chronic respiratory failure or clinical signs of right heart failure.

*Canadian Thoracic Society COPD Classification By Symptom/Disability **MRC= Medical Research Council Dyspnea Scale

Exacerbations

- History of acute exacerbations requiring treatment with antibiotics/steroids

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