

**Collaborative Prescribing Agreement  
fluticasone furoate-umeclidinium-vilanterol  
(Trelegy Ellipta®) and  
budesonide/glycopyrronium/formoterol  
fumarate (Breztri Aerosphere®) for moderate  
to very severe Chronic Obstructive Pulmonary  
Disease (COPD)**

*This Collaborative Prescribing Agreement (the "Agreement") is entered into by the Pharmaceutical Services Division, BC Ministry of Health, and the undersigned respirologist.*

To obtain PharmaCare coverage on my patients' behalf for Trelegy Ellipta® & Breztri Aerosphere®, I, \_\_\_\_\_, [*Name of respirologist - please print*]  
agree to prescribe according to the following Limited Coverage criteria:

<p>fluticasone furoate-umeclidinium-vilanterol (Trelegy Ellipta®)</p> <p style="text-align: center;">&amp;</p> <p>Budesonide-glycopyrronium-formoterol fumarate (Breztri Aerosphere®)</p>	<ul style="list-style-type: none"> <li>• The patient has a diagnosis of moderate to very severe chronic obstructive pulmonary disease (COPD) with the following spirometry measures: a post-bronchodilator fixed ratio of forced expiratory volume in 1 second (FEV<sub>1</sub>)/forced vital capacity (FVC) &lt; 0.70 and a post-bronchodilator FEV<sub>1</sub> &lt; 80% predicted.</li> <li>▪ The patient has a history of exacerbations including: ≥ 2 moderate exacerbations defined as requiring a prescribed antibiotic and/or using systemic glucocorticoids in the previous 12 months; OR ≥ 1 severe exacerbation defined as requiring a hospital admission or emergency department visit in the previous 12 months.</li> <li>▪ The patient also has experienced an inadequate response after a <b>minimum 6-month trial</b> of either a combination of long-acting muscarinic receptor antagonist (LAMA) <b>and</b> long-acting beta agonist (LABA) <b>OR</b> a combination of inhaled corticosteroids (ICS) <b>and</b> LABA.</li> </ul> <p><i>Approval period: Indefinite</i></p>
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Terms of the Agreement:

- The Pharmaceutical Services Division reserves the right to implement Collaborative Prescribing Agreements for PharmaCare coverage; require renewals of such Agreements; and, as necessary, conduct quality assurance checks of such processes.
- For quality assurance purposes, a prescriber with a valid exemption agrees to receive feedback on his/her prescribing of fluticasone furoate-umeclidinium-vilanterol and budesonide-glycopyrronium-formoterol fumarate, such as de-personalized, aggregate prescribing data.
- Patients whose prescriptions for fluticasone furoate-umeclidinium-vilanterol and budesonide-glycopyrronium-formoterol fumarate are written by a prescriber who has entered into an Agreement will receive automatic coverage for their subsequent claim.
- PharmaCare coverage is **not** retroactive. A current valid Agreement must be in place **before** a patient fills a prescription. PharmaCare coverage for fluticasone furoate-umeclidinium-vilanterol and budesonide-glycopyrronium-formoterol fumarate is available only with a valid Agreement.
- If a patient does **not** meet the terms of this Agreement, the prescriber must write the following instruction to pharmacists **on** the prescription “**Submit as zero cost to PharmaCare,**” indicating that the prescription is not to be covered by PharmaCare.
- A prescriber’s exemption under this Agreement may be discontinued if the exempted prescriber prescribes fluticasone furoate-umeclidinium-vilanterol and budesonide-glycopyrronium-formoterol fumarate in a manner inconsistent with the terms of this Agreement.

\_\_\_\_\_  
Name of Respiriologist (please print)

\_\_\_\_\_  
College of Physicians and Surgeons ID Number

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Medical Services Plan Billing Number

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Fax # (to which confirmation of exemption should be sent)

**FAX COMPLETED AGREEMENT TO HEALTH INSURANCE BC at 1 250 405-3599**

A copy of this Agreement will be kept on file at the Ministry of Health.

Pharmaceutical Services Division Use Only:

<p>Effective date: _____ Approval period for exemption: <b>Indefinite</b> Approved on behalf of PSD: _____ Confirmation sent: (Date) _____</p>	<p><b>DBR Operational Information:</b> ID reference number for CPSBC = <b>91</b> Category and subcategory code = <b>Justification</b> <b>Code = 1, 9901-0340 Assumed SA = Yes</b></p>
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