

**Nova Scotia Provincial Pharmacare Programs**  
**Request for Coverage of Restricted Proton Pump Inhibitors**  
**(PPIs)**

| PATIENT INFORMATION  |   |  |               |
|--|---|--|---------------|
| PATIENT SURNAME  | PATIENT GIVEN NAME  | HEALTH CARD NUMBER   | DATE OF BIRTH |
| PATIENT ADDRESS  |   |  |               |
| DIAGNOSIS  |   |  |               |
| <input type="checkbox"/> Symptomatic GERD  |   | <input type="checkbox"/> Peptic Ulcer Disease (gastric, duodenal ulcers) |               |
| <input type="checkbox"/> Erosive Esophagitis, Barrett's Esophagus                                |   | <input type="checkbox"/> Other _____                                     |               |
| DRUG REQUESTED   |   |  |               |
| <b>Restricted PPIs:</b>  |   |  |               |
| <input type="checkbox"/> Lansoprazole (Prevacid and generic brands)                              |   |  |               |
| <input type="checkbox"/> Pantoprazole Magnesium (Tecta and generic brands)                       |   |  |               |
| Note: Omeprazole, pantoprazole sodium, and rabeprazole are open benefits with no quantity limit. |   |  |               |
| PPI MEDICATION HISTORY   |   |  |               |
| <b>Agents Failed:</b>  | <b>Dose, length of therapy, and outcome</b> (i.e., inadequate symptom control, wearing off, etc.) |  |               |
| <input type="checkbox"/> Omeprazole  | _____   |  |               |
| <input type="checkbox"/> Rabeprazole   | _____   |  |               |
| <input type="checkbox"/> Pantoprazole sodium   | _____   |  |               |
| <input type="checkbox"/> Pantoprazole magnesium  | _____   |  |               |
| <b>Additional Comments (if applicable):</b>  |   |  |               |
|  |   |  |               |
| 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