## Nova Scotia Provincial Pharmacare Programs Request for Coverage of Restricted Agents for Psoriasis

PATIENT INFORMATION				
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NU	HEALTH CARD NUMBER	
PATIENT ADDRESS				
REQUEST FOR INITIAL COVERAGE				
Diagnosis:				
Patient has severe debilitating chronic plaque psoriasis as defined by:				
Body Surface Area (BSA) involvement > 10%				
AND/OR Significant involvement of the face, hands, feet, or genitalia region				
Requested Drug Name and Dose:				
🗌 Adalimumab 🛛 Dose		🗌 Ixekizumab	Dose	
🗌 Bimekizumab Dose		🗌 Risankizumab	Dose	
Brodalumab Dose		Secukinumab	Dose	
Etanercept Dose   Guselkumab Dose		Tildrakizumab	Dose	
└── Guselkumab   Dose └── Infliximab   Dose			Dose	
NOTE: Please refer to Nova Scotia Formulary for criteria and notes for coverage.				
Patient's Past Medication History				
Agents Tried: Length of Therapy & Outcome (i.e., intolerant, not effective, etc.)				
Methotrexate				
Cyclosporine				
Phototherapy				
REQUEST FOR CONTINUED COVERAGE				
☐ Patient achieved a ≥75% reduction in Psoriasis Area Severity Index (PASI) score, OR				
□ Patient achieved a ≥50% reduction in PASI with a ≥ 5 point improvement in Dermatology Life Quality Index, OR				
☐ Significant reduction in BSA involved, with considerations of important regions such as the face, hands, feet or				
genital region				
Additional Comments:				
PRESCRIBER NAME & ADDRESS:				
LICENCE #		PRESCRIBER SIGNA		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

