

**Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Restricted Ankylosing Spondylitis Drugs**

P A T I E N T I N F O R M A T I O N			
P A T I E N T S U R N A M E	P A T I E N T G I V E N N A M E	H E A L T H C A R D N U M B E R	D A T E O F B I R T H
P A T I E N T A D D R E S S			
D R U G R E Q U E S T E D			
<input type="checkbox"/> Adalimumab	<input type="checkbox"/> Certolizumab pegol	<input type="checkbox"/> Etanercept	<input type="checkbox"/> Golimumab
<input type="checkbox"/> Infliximab	<input type="checkbox"/> Secukinumab		
D I A G N O S T I C I N F O R M A T I O N			
DIAGNOSIS:			
Moderate to severe Ankylosing Spondylitis (AS)		Pre-treatment BASDAI score: _____	
<input type="checkbox"/> Peripheral symptoms <input type="checkbox"/> Axial symptoms <input type="checkbox"/> Axial ¹ symptoms with recurrent uveitis			
1. Patients with recurrent uveitis (2 or more episodes within 12 months) as a complication of axial disease, do not require a trial of 2 NSAIDs			
M E D I C A T I O N H I S T O R Y			
DMARDs tried	Dose/Route	Duration of therapy	Outcome (describe intolerance, effect, etc.)
<input type="checkbox"/> Methotrexate	_____	_____	_____
<input type="checkbox"/> Sulfasalazine	_____	_____	_____
<input type="checkbox"/> Hydroxychloroquine	_____	_____	_____
<input type="checkbox"/> Leflunomide	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
NSAIDs tried	Dose/Route	Duration of therapy	Outcome (describe intolerance, effect, etc.)
Drug			
_____	_____	_____	_____
_____	_____	_____	_____
R E Q U E S T F O R C O N T I N U E D C O V E R A G E			
<input type="checkbox"/> Current BASDAI score _____			
OR			
<input type="checkbox"/> Patient and expert opinion of an adequate clinical response as indicated by a significant functional improvement (measured by outcomes such as HAQ or “ability to return to work”).			
P R E S C R I B E R N A M E & A D D R E S S:			
L I C E N C E # _____		P R E S C R I B E R S I G N A T U R E	D A T E

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