

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
REQUEST FOR COVERAGE OF TICAGRELOR (BRILINTA) 90 MG

P A T I E N T I N F O R M A T I O N			
PATIENT'S SURNAME	PATIENT'S GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT'S ADDRESS			
<p>Criteria Code 30 may be used for the initial 30 day coverage period; however, a written request submitted to the Pharmacare office is required to allow coverage for the remaining duration of treatment.</p> <p>See the formulary for full criteria and relevant notes</p> <p>Please select from the following:</p>			
<p>1. <input type="checkbox"/> STEMI patient undergoing primary percutaneous coronary intervention (PCI) Date of STEMI: _____</p>			
<p>2. <input type="checkbox"/> NSTEMI or UA (unstable angina) with presence of high risk features irrespective of intent to perform revascularization: (Please check all that apply)</p> <p style="margin-left: 40px;"> <input type="checkbox"/> high GRACE risk score (>140) <input type="checkbox"/> high TIMI risk score (5-7) <input type="checkbox"/> second ACS within 12 months <input type="checkbox"/> complex or extensive coronary artery disease e.g. diffuse three vessel disease <input type="checkbox"/> definite documented cerebrovascular or peripheral vascular disease <input type="checkbox"/> previous CABG </p> <p>Date of NSTEMI/UA: _____</p>			
<p>3. <input type="checkbox"/> Undergoing PCI + high risk angiographic anatomy [i.e. left main stenting, high risk bifurcation stenting (i.e., two-stent techniques), long stents ≥ 38 mm or overlapping stents, small stents ≤ 2.5 mm in patients with diabetes]</p> <p>Date of PCI: _____</p>			
Comments:			
PRESCRIBER'S NAME & ADDRESS:			
LICENCE #: _____		_____ PRESCRIBER'S SIGNATURE	_____ DATE