

# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

## *Request for Insured Coverage of Romosozumab (Evenity)*

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC INFORMATION			
<input type="checkbox"/> For the treatment of osteoporosis in postmenopausal women who meet all the following criteria:  <input type="checkbox"/> Have a history of osteoporotic fracture <b>AND</b>  <input type="checkbox"/> Are at high risk for future fracture, defined as a 10-year fracture risk $\geq 20\%$ as per the Fracture Risk Assessment (FRAX) tool <b>AND</b>  <input type="checkbox"/> Are treatment naive to osteoporosis medications, except for calcium and/or vitamin D.			
Maximum approval period: 12 months per lifetime.			
Comments (if applicable):			
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