NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

First Request for Cholinesterase Inhibitor

Please provide the following to support your request for *initial 4 month coverage* of a cholinesterase inhibitor

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

CHOLINESTERASE INHIBITOR

Cholinesterase inhibitor requested and starting dosage

☐ Donepezil (Aricept) Dosage: _____

☐ Galantamine (Reminyl ER and generics) Dosage: _____

☐ Rivastigmine (Exelon and generics) Dosage: _____

DIAGNOSTIC INFORMATION – COMPLETE ALL

☐ Mild to moderate dementia

MMSE Score _____ Date _____ FAST Score _____ Date _____

FAST Stage	**Functional Impairment *due to cognitive deficit (NOT PHYSICAL DEFICIT)***
4 Mild	IADLs: needs assistance (Instrumental Activities of Daily Living include complex tasks such as managing money and medications, shopping, cooking, driving, housekeeping, using telephone)
5 Moderate	Re-wearing clothes; requires assistance in such basic tasks of daily life as choosing proper clothing. Assistance is required for independent community living.
6 Severe	ADLs: needs hands-on assistance, especially with dressing and bathing, due to cognitive impairment; eventually experiences urinary and fecal incontinence (Activities of Daily Living include dressing, washing, toileting, feeding, mobility)
7 Very Severe (End Stage)	Non-verbal, non-ambulatory

Only patients with a FAST score of 4 or 5 are eligible for coverage for cholinesterase inhibitors.
Adapted from: Reisberg, B. Functional Assessment Staging. Psychopharmacology Bulletin. 1988.

Has this patient been on a cholinesterase inhibitor before? ☐ YES since _____ ☐ NO

Is this a switch to a different agent due to intolerance? ☐ YES ☐ NO

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

11/2016

NOVA SCOTIA