

**NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS**  
**Request for Coverage of Agents for Hidradenitis Suppurativa**

<b>P A T I E N T   I N F O R M A T I O N</b>			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
<b>R E Q U E S T E D   D R U G</b>			
<input type="checkbox"/> Adalimumab		<input type="checkbox"/> Secukinumab	
<b>D I A G N O S T I C   I N F O R M A T I O N</b>			
Total baseline abscess and nodule count of $\geq 3$		Date of assessment (mm/dd/yy): _____	
Parameter	Count (Number of each)		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
Sites of lesion, along with Hurley Stage: _____			
Inadequate response to 90 day trial of oral antibiotics			
► Drug, dose, duration: _____			
INITIAL RENEWAL	Date of assessment (mm/dd/yy): _____		
<input type="checkbox"/> 50% reduction in abscess and inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12			
Parameter	Count (Number of each)		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
SUBSEQUENT RENEWAL	Date of assessment (mm/dd/yy): _____		
Requests for renewal should provide objective evidence of the preservation of treatment effect			
Parameter	Count (Number of each)		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
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

12/2025

