

# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

## Request for Coverage of Agents for Hidradenitis Suppurativa

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
REQUESTED DRUG			
<input type="checkbox"/> Adalimumab		<input type="checkbox"/> Secukinumab	
DIAGNOSTIC INFORMATION			
Total baseline abscess and nodule count of $\geq 3$		Date of assessment (mm/dd/yy): _____	
<b>Parameter</b>	<b>Count (Number of each)</b>		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
Sites of lesion, along with Hurley Stage: _____			
Inadequate response to 90 day trial of oral antibiotics			
▶ Drug, dose, duration: _____			
<b>INITIAL RENEWAL</b>		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			
<b>Parameter</b>	<b>Count (Number of each)</b>		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
<b>SUBSEQUENT RENEWAL</b>		Date of assessment (mm/dd/yy): _____	
Requests for renewal should provide objective evidence of the preservation of treatment effect			
<b>Parameter</b>	<b>Count (Number of each)</b>		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
PRESCRIBER NAME & ADDRESS:		<div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> <span>LICENCE #</span> <span>PRESCRIBER SIGNATURE</span> <span>DATE</span> </div>	

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

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