NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
Request for Coverage of Jetrea® (Ocriplasmin)

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

DRUG REQUESTED

☐ Jetrea®

DIAGNOSTIC INFORMATION

Diagnosis:

☐ Symptomatic vitreomacular adhesion (VMA) confirmed through optical coherence tomography

Please indicate if the patient presents with any of the following:

YES	NO	
☐	☐	Large diameter macular holes (>400 micrometre)
☐	☐	High myopia (> 8 dioptre spherical correction or axial length > 28 millimetre)
☐	☐	Aphakia
☐	☐	History of retinal detachment
☐	☐	Lens zonule instability
☐	☐	Recent ocular surgery or intraocular injection (including laser therapy)
☐	☐	Proliferative diabetic retinopathy
☐	☐	Ischemic retinopathies
☐	☐	Retinal vein occlusions
☐	☐	Exudative age-related macular degeneration
☐	☐	Vitreous hemorrhage

Other:

_____

_____

_____

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

05/2015

NOVA SCOTIA