

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Mepolizumab (Nucala) for Chronic Rhinosinusitis

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
INITIAL REQUEST			
For the treatment of patients with severe chronic rhinosinusitis with nasal polyps (CRSwNP) who meet <u>all</u> of the following criteria:			
1. <input type="checkbox"/> Endoscopically or CT-documented bilateral nasal polyps			
2. <input type="checkbox"/> Undergone at least 1 prior surgical intervention for nasal polyps or have a contraindication to surgery			
3. <input type="checkbox"/> Tolerant and able to continue use of inhaled nasal corticosteroids but have refractory symptoms despite use of inhaled corticosteroids for 3 months at maximally tolerated doses.			
Inhaled Nasal Corticosteroid: _____ Dose: _____ Duration: _____			
4. Please provide one of the following scores:			
<input type="checkbox"/> Baseline Sino-nasal Outcome Test (SNOT-22): _____ Date: _____ <u>OR</u>			
<input type="checkbox"/> Baseline endoscopic Nasal Polyp Score (NPS): _____ Date: _____			
RENEWAL REQUEST			
Requests for renewal must exhibit a clinically meaningful response defined as one of the following:			
<input type="checkbox"/> A decrease of 8.9 points or greater on the Sino-nasal Outcome Test (SNOT-22) relative to their baseline score			
SNOT-22: _____ Date: _____ <u>OR</u>			
<input type="checkbox"/> A decrease of 1 point or greater on the endoscopic Nasal Polyp Score (NPS) relative to their baseline score.			
NPS: _____ Date: _____			
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