NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage: OAB Medications (Fesoterodine Fumarate and Mirabegron)

PATIENT INFORMATION				
PATIENT SURNAME	PATIENT GIVEN NAME		HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS				
CRITERIA				
For the treatment of overactive bladder (OAB) with symptoms of urgency, urgency incontinence, and urinary frequency in patients who have an intolerance or insufficient response to an adequate trial of immediate-release oxybutynin, solifenacin or tolterodine.				
DRUG REQUESTED				
☐ Fesoterodine Fumarate ☐ Mirabegron				
DIAGNOSTIC/DRUG INFORMATION				
Diagnosis/Indication:				
☐ Overactive Bladder				
Medication history:				
Therapies tried:				
☐ Immediate-release Oxybutynin ☐ Solifenacin ☐ Tolterodine				
Dosage and duration:				
Outcome:				
☐ Intolerance, please specify:				
☐ Insufficient response				
Please indicate if a trial of oxybutynin, solifenacin or tolterodine may be considered inappropriate due to:				
☐ Glaucoma				
☐ Heart conditions				
☐ Gastrointestinal motility conditions				
☐ Pre-existing cognitive impairment such as dementia				
Additional Comments (If Applicable):				
PRESCRIBER NAME & ADDRESS:				
_	LICENCE #	PRESCRIE	BER SIGNATURE DA	ATE .

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

