NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Patisiran, Vutrisiran, or Eplontersen

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

REQUESTED DRUG

☐ Patisiran (Onpattro)	☐ Vutrisiran (Amvuttra)	☐ Eplontersen (Wainua)

INITIAL REQUEST

For the treatment of polyneuropathy in adult patients with hereditary transthyretin-mediated amyloidosis (hATTR) who meet all of the following criteria:

☐ Confirmed genetic diagnosis of hATTR

☐ Symptomatic with early-stage neuropathy[1]

☐ Does not have New York Heart Association class III or IV heart failure

☐ Patient is under the care of a physician with experience in the diagnosis and management of hATTR

☐ Has not previously undergone a liver transplant

1. Symptomatic early-stage neuropathy is defined as polyneuropathy disability stage I to IIIB or familial amyloidotic polyneuropathy stage I or II.

RENEWAL REQUEST

☐ Yes	☐ No	Is the patient permanently bedridden and dependent on assistance for basic activities of daily living?
☐ Yes	☐ No	Is the patient receiving end-of-life care?

Additional Comments (if applicable):

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

NOVA SCOTIA