NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Alirocumab (Praluent), Evolocumab (Repatha)

PATIENT INFORMATION

SURNAME	GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

DIAGNOSTIC INFORMATION- INITIAL REQUEST FOR COVERAGE

Request for coverage of : ☐ Alirocumab (Praluent) ☐Evolocumab (Repatha)

▶ Definite HeFH or Probable HeFH using ☐ Simon Broome ☐ Dutch Lipid Network ☐ Genetic testing

☐ Patient is unable to reach LDL-C target (less than 2.0mmol/L or at least 50% reduction in LCL-C from untreated baseline) despite at least 3 months of continuous treatment with: High-dose statin (e.g., atorvastatin 80 mg, rosuvastatin 40mg) in combination with ezetimibe OR ezetimibe alone if high dose statin not possible due to rhabdomyolysis, contraindication or intolerance

▶ Details of statin therapy (drug, dose, duration): _____

▶ Details of ezetimibe therapy (duration): _____

▶ LDL-C level prior to Praluent or Repatha, including date: _____

▶ Start date of Praluent or Repatha, if applicable: _____

For patients with intolerance to high dose statin or who cannot take a statin or ezetimibe due to an intolerance or contraindication the details must be provided as per published criteria.

☐ Documented myopathy or abnormal biomarkers (i.e. creatinine kinase greater than 5 times the upper limit of normal) with:

☐ Trial of at least two statins and dose reduction was attempted, intolerance was reversible upon statin discontinuation, but reoccurred with statin re-challenge where clinically appropriate and one statin initiated at the lowest daily starting dose **AND**

☐ Other known causes of intolerance or abnormal biomarkers have been ruled out

Details of statin and ezetimibe therapy:

REQUESTS FOR RENEWAL

▶ LDL-C level: _____ 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

06/2019

NOVA SCOTIA