# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
## Request for Coverage of Anti-TNF Agents for Psoriasis

| PATIENT INFORMATION | | | |
|---|---|---|---|
| **PATIENT SURNAME** | **PATIENT GIVEN NAME** | **HEALTH CARD NUMBER** | **DATE OF BIRTH** |
| **PATIENT ADDRESS** | | | |

## REQUEST FOR CONTINUATION OF COVERAGE

**Drug Name and Dosage:**

- ☐ Patient achieved a ≥75% reduction in Psoriasis Area Severity Index (PASI) score, OR
- ☐ Patient achieved a ≥50% reduction in PASI with a ≥ 5 point improvement in Dermatology Life Quality Index, OR
- ☐ Significant reduction in BSA involved, with considerations of important regions such as the face, hands, feet or genital region

**Additional Comments:**

| **PRESCRIBER NAME & ADDRESS:** | | |
|---|---|---|
| **LICENCE #** | **PRESCRIBER SIGNATURE** | **DATE** |

**Criteria for Coverage of Anti-Tumor Necrosis Factor Agents for Psoriasis**

- For patients with severe, debilitating chronic plaque psoriasis (PsO) who meet all of the following criteria:
  - Body Surface Area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region
  - Failure to respond to, contraindicated to or intolerant of methotrexate and cyclosporine
  - Failure to respond to, intolerant of or unable to access phototherapy
- Written request of a dermatologist or prescriber with a specialty in dermatology
- Continued coverage is dependent on evidence of improvement, specifically:
  - ≥ 75% in the Psoriasis Area and Severity Index (PASI) score, or
  - ≥ 50% reduction in PASI with a ≥5 point improvement in DLQI (Dermatology Life Quality Index), or
  - Significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genital region
- Concurrent use of biologics is not approved

**Initial duration and maximum dosage approved:**

| | |
|---|---|
| **Adalimumab** | - initial approval for a maximum of 16 weeks<br>- maximum dosage for ongoing coverage is 40mg every two weeks |
| **Etanercept** | - initial approval for a maximum of 12 weeks<br>- maximum dosage approved: 50mg biweekly x initial 12 weeks, then 50mg weekly thereafter |
| **Infliximab** | - initial approval for a maximum of 12 weeks<br>- dosage restricted to infliximab 5mg/kg 0, 2 and 6 weeks, then every 8 weeks |
| **Ustekinumab** | - initial approval for a maximum of 16 weeks<br>- dosage restricted to 45mg at 0, 4 and 16 weeks, then every 12 weeks thereafter |

**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