

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Coverage of Restricted Agents for Psoriasis

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS		PATIENT WEIGHT (KG)	
REQUEST FOR INITIAL COVERAGE			
Diagnosis: Patient has severe debilitating chronic plaque psoriasis as defined by: <input type="checkbox"/> Body Surface Area (BSA) involvement > 10% AND/OR <input type="checkbox"/> Significant involvement of the face, hands, feet, or genitalia region			
Requested Drug Name and Dose:			
<input type="checkbox"/> Adalimumab	Dose _____	<input type="checkbox"/> Risankizumab	Dose _____
<input type="checkbox"/> Brodalumab	Dose _____	<input type="checkbox"/> Secukinumab	Dose _____
<input type="checkbox"/> Etanercept	Dose _____	<input type="checkbox"/> Tildrakizumab	Dose _____
<input type="checkbox"/> Infliximab	Dose _____	<input type="checkbox"/> Ustekinumab	Dose _____
<input type="checkbox"/> Ixekizumab	Dose _____		
NOTE: Please refer to Nova Scotia Formulary for criteria and notes for coverage.			
Patient's Past Medication History (if completed on a previous request, provide update information only):			
Agents Tried: _____ Length of Therapy & Outcome (i.e., intolerant, not effective, etc.): _____			
<input type="checkbox"/> Methotrexate	_____		
<input type="checkbox"/> Cyclosporine	_____		
<input type="checkbox"/> Phototherapy	_____		
REQUEST FOR CONTINUED COVERAGE			
<input type="checkbox"/> Patient achieved a $\geq 75\%$ reduction in Psoriasis Area Severity Index (PASI) score, OR			
<input type="checkbox"/> Patient achieved a $\geq 50\%$ reduction in PASI with a ≥ 5 point improvement in Dermatology Life Quality Index, OR			
<input type="checkbox"/> Significant reduction in BSA involved, with considerations of important regions such as the face, hands, feet or genital region			
Additional Comments: 			
PRESCRIBER NAME & ADDRESS: 		PRESCRIBER SIGNATURE _____ DATE _____	
LICENCE # _____			

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

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