

**NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
REQUEST FOR COVERAGE OF RIVAROXABAN (XARELTO) 2.5MG FOR CAD AND PAD**

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC INFORMATION			
<p>For use in combination with acetylsalicylic acid (75 mg to 100 mg) for the prevention of atherothrombotic events in patients with <u>concomitant</u> coronary artery disease (CAD) AND peripheral artery disease (PAD) who meet the following criteria (please complete <u>each</u> section below as applicable):</p>			
<p>▶ Patients with CAD are defined as having one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Myocardial infarction within the last 20 years <input type="checkbox"/> Multi-vessel CAD (i.e., stenosis of $\geq 50\%$ in two or more coronary arteries, or in one coronary territory if at least one other territory has been revascularized) with symptoms or history of stable or unstable angina <input type="checkbox"/> Multi-vessel percutaneous coronary intervention <input type="checkbox"/> Multi-vessel coronary artery bypass graft surgery <p>AND</p> <p>▶ Patients with CAD as defined above, must also meet one of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aged 65 years or older; OR <input type="checkbox"/> Aged younger than 65 years with documented atherosclerosis or revascularization involving at least two vascular beds (coronary and other vascular) or at least two additional risk factors (current smoker, diabetes mellitus, estimated glomerular filtration rate < 60 mL/min, heart failure, non-lacunar ischemic stroke 1 month or more ago) <p>AND</p> <p>▶ Patients with PAD are defined as having one or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac or infrainguinal arteries <input type="checkbox"/> Previous limb or foot amputation for arterial vascular disease <input type="checkbox"/> History of intermittent claudication and one or more of the following: an ankle-brachial index of less than 0.90, OR significant peripheral artery stenosis greater than or equal to 50% documented by angiography or duplex ultrasound <input type="checkbox"/> Previous carotid revascularization or asymptomatic carotid artery stenosis greater than or equal to 50% diagnosed by angiography or duplex ultrasound <p>AND</p> <p><input type="checkbox"/> Please confirm the patient has none of the following characteristics:</p> <ul style="list-style-type: none"> • At high risk of bleeding • A history of stroke within one month of treatment initiation or any history of hemorrhagic or lacunar stroke • Severe heart failure with a known ejection fraction less than 30% or New York Heart Association class III or IV symptoms • An estimated glomerular filtration rate less than 15 mL/min • Require dual antiplatelet therapy, other non-ASA antiplatelet therapy, or oral anticoagulant therapy 			
<hr style="width: 80%; margin: 0 auto;"/> LICENCE #		<hr style="width: 80%; margin: 0 auto;"/> PRESCRIBER'S SIGNATURE	
<hr style="width: 80%; margin: 0 auto;"/>		<hr style="width: 80%; margin: 0 auto;"/> 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