

**NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS**  
**Request for Coverage for Selective 5HT<sub>1</sub> – Receptor Agonists**

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DRUG REQUESTED			
<input type="checkbox"/> Sumatriptan tablets (Imitrex®) <input type="checkbox"/> Naratriptan tablets (Amerge®)			
<b>Rizatriptan and zolmitriptan are full benefits with a quantity restriction to 18 doses every 3 months. Please advise why these agents cannot be used:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
<input type="checkbox"/> Almotriptan tablets (Axert®) <input type="checkbox"/> Zolmitriptan nasal spray (Zomig®) <input type="checkbox"/> Sumatriptan nasal spray (Imitrex®)			
<b>Reason why sumatriptan tablets, rizatriptan tablet and wafer, naratriptan and zolmitriptan tablets cannot be used:</b>			
<input type="checkbox"/> Contraindication <input type="checkbox"/> Adverse Event <input type="checkbox"/> Therapeutic failure			
<input type="checkbox"/> Other – please explain: <hr style="border: 0; border-top: 1px solid black; margin: 0;"/>			
<input type="checkbox"/> Sumatriptan 6mg/0.5mg Injection (Imitrex®)			
<b>Reason why oral and nasal triptans are not appropriate:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
<i><b>Note: Coverage is limited to 18 doses every 3 months. Patients with more than 3 migraines a month who are on prophylactic therapy may qualify for additional doses, upon written request.</b></i>			
DIAGNOSTIC INFORMATION			
<b>Current/Past Therapies for Migraine:</b> (indicate drug, dosage, duration) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
<i>*Patient must try other therapies (e.g., NSAIDs, acetaminophen, DHE spray) first, unless the patient has severe or ultra severe migraine attacks.</i>			
<b>Severity of Condition<sup>1</sup></b>			
<input type="checkbox"/> MODERATE – pain is distracting causing need to slow down and limit activities			
<input type="checkbox"/> SEVERE – pain affects ability to concentrate and very difficult to continue with daily activities			
<input type="checkbox"/> ULTRA SEVERE – unable to speak or think clearly; not able to function; likely lying down or sleeping			
<small>1. As diagnosed based on current Canadian Guidelines</small>			
<b>PRESCRIBER NAME &amp; ADDRESS:</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <b>LICENCE #</b>		<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <b>PRESCRIBER SIGNATURE</b>	
		<hr style="border: 0; border-top: 1px solid black; margin: 0;"/> <b>DATE</b>	

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