NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Icosapent Ethyl (Vascepa)

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

INITIAL REQUEST

To reduce the risk of cardiovascular events (cardiovascular death, non-fatal myocardial infarction, non-fatal stroke, coronary revascularization, or hospitalization for unstable angina) in statin-treated patients with elevated triglycerides, who meet all of the following criteria:

☐ Aged 45 years and older

☐ Established cardiovascular disease (secondary prevention)

☐ To be concomitantly treated with a statin **Statin: _____**

☐ Has a fasting triglyceride of 1.7 mmol/L or greater and lower than 5.6 mmol/L at baseline, measured within the preceding three months before starting treatment with icosapent ethyl

Baseline fasting triglyceride level: _____ Date: _____

☐ Have a low-density lipoprotein cholesterol greater than 1.0 mmol/L and lower than 2.6 mmol/L at baseline

Baseline LDL: _____ Date: _____

☐ Receiving a maximally tolerated statin dose, targeted to achieve a low-density lipoprotein cholesterol lower than 2 mmol/L, for a minimum of four weeks.

Statin	Dose	Start Date	Duration	Outcome

RENEWAL REQUEST

☐ Patient continues to be treated with a maximally tolerated statin dose.

Statin: _____ Dose: _____

Additional Comments (if applicable):

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