

# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

## Request for Insured Coverage of Foslevodopa/Foscarbidopa (Vyalev)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
INITIAL REQUEST			
<p>For the treatment of patients who meet all of the following criteria:</p> <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Have advanced levodopa-responsive Parkinson's disease (PD)</li> <li>2. <input type="checkbox"/> Experience severe disability associated with at least 25% of the waking day in the off state <b>and/or</b> ongoing, bothersome levodopa-induced dyskinesias, despite having tried frequent dosing of levodopa (at least five doses per day)</li> <li>3. <input type="checkbox"/> Have received an adequate trial of maximally tolerated doses of levodopa, with previously demonstrated clinical response</li> <li>4. <input type="checkbox"/> Have failed an adequate trial of the following adjunctive medications, if not contraindicated and/or contrary to the clinical judgment of prescriber: maximally tolerated doses of levodopa in combination with carbidopa, a COMT inhibitor, a dopamine agonist, a MAO-B inhibitor, and amantadine</li> <li>5. <input type="checkbox"/> Must be able to administer the medication and correctly use the delivery system. Alternatively, trained personnel or a care partner must be available to perform these tasks reliably.</li> <li>6. <input type="checkbox"/> Does not have severe psychosis or severe dementia</li> </ol>			
MEDICATION HISTORY			
Therapies Tried	Dose/Frequency	Duration of Therapy	Describe Outcome/Contraindicated/Contrary to the Clinical Judgment of Prescriber
<input type="checkbox"/> Levodopa/carbidopa			
<input type="checkbox"/> COMT inhibitor:			
<input type="checkbox"/> Dopamine agonist:			
<input type="checkbox"/> MAO-B inhibitor:			
<input type="checkbox"/> Amantadine			
RENEWAL REQUEST			
<input type="checkbox"/> Patient continues to demonstrate a significant reduction in the time spent in the off state and/or in ongoing levodopa-induced dyskinesias, along with an improvement in the related disability <input type="checkbox"/> Patient does not have severe psychosis or severe dementia			
<b>PRESCRIBER NAME &amp; ADDRESS:</b>   <div style="text-align: right; margin-top: 20px;">             _____              LICENCE #           </div>		<div style="text-align: right; margin-top: 20px;">             _____              PRESCRIBER SIGNATURE           </div> <div style="text-align: right; margin-top: 20px;">             _____              DATE           </div>	

**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