

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Anti-Vascular Endothelial Growth Factor (anti-VEGF) Agents

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
REQUESTED AGENT			
Insured for Active (Wet) Age-Related Macular Degeneration, Diabetic Macular Edema, or Retinal Vein Occlusion: <input type="checkbox"/> Ranibizumab (Byooviz, Ranopto) <input type="checkbox"/> Aflibercept (Aflivu, Yesafili) <input type="checkbox"/> Faricimab (Vabysmo)		Insured for Active (Wet) Age-Related Macular Degeneration or Diabetic Macular Edema only: <input type="checkbox"/> Aflibercept (Eylea HD)	
Affected Eyes: <input type="checkbox"/> Right Eye (OD) <input type="checkbox"/> Left Eye (OS) <input type="checkbox"/> Both Eyes (OU)			
Start Date of Therapy with the Requested Agent: _____			
DIAGNOSIS			
<input type="checkbox"/> Active (Wet) Age-Related Macular Degeneration	<input type="checkbox"/> Diabetic Macular Edema	<input type="checkbox"/> Retinal Vein Occlusion	
INITIAL REQUEST			
For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) who meet all of the following criteria: <input type="checkbox"/> Best Corrected Visual Acuity (BCVA) is greater than 6/96 <input type="checkbox"/> The lesion size is ≤ 12 disc areas in greatest linear dimension <input type="checkbox"/> There is evidence of recent (< 3 months) presumed disease progression [blood vessel growth, as indicated by fluorescein angiography, optical coherence tomography (OCT), or recent visual acuity changes] <input type="checkbox"/> There is active disease activity and no permanent structural damage to the central fovea (as defined in the Royal College of Ophthalmologists guidelines) <input type="checkbox"/> Eylea HD Requests: Treatment naive to anti-VEGF drugs for nAMD	For the treatment of patients with diabetic macular edema (DME) who meet the following criteria: <input type="checkbox"/> Clinically significant center-involving macular edema <input type="checkbox"/> Best Corrected Visual Acuity (BCVA) is greater than 6/120	For the treatment of patients with macular edema secondary to non-ischemic retinal vein occlusion who meet the following criteria: <input type="checkbox"/> Best Corrected Visual Acuity (BCVA) is greater than 6/120 <input type="checkbox"/> Branch retinal vein occlusion (BRVO) or <input type="checkbox"/> Central retinal vein occlusion (CRVO) <input type="checkbox"/> Clinically significant, center-involving macular edema	
RENEWAL REQUEST			
Patient must meet <u>ALL</u> of the following criteria: <input type="checkbox"/> Evidence of continued disease activity <input type="checkbox"/> Maintaining adequate response to therapy <input type="checkbox"/> Absolute BCVA maintained above 6/120 <input type="checkbox"/> Reductions in BCVA of < 6 lines compared to either baseline and/or best recorded level since baseline <input type="checkbox"/> Eylea HD Requests: Able to be maintained on a 12-week or greater interval between injections			
PRESCRIBER NAME & ADDRESS: <div style="text-align: right;">LICENCE # _____</div>		<div style="text-align: right;">PRESCRIBER SIGNATURE _____</div> <div style="text-align: right;">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

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