NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Oxlumo (Lumasiran)

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS	PATIENT WEIGHT (KG)

INITIAL REQUEST

For the treatment of pediatric and adult patients with primary hyperoxaluria type 1 (PH1) to lower urinary oxalate levels who meet the following criteria:

☐ Yes ☐ No **1.** A confirmed genetic diagnosis of PH1

☐ Yes ☐ No **2.** In whom urinary oxalate can be measured, must be unable to normalize urine oxalate excretion while staying compliant with standard of care therapy, including vitamin B6 for a duration of 3 to 6 months

3. Please provide details regarding standard of care therapy trials:

Drug	Dose	Duration	Outcome
☐ Vitamin B6			
☐ Other, please specify: _____			
☐ Other, please specify: _____			

4. Is urinary oxalate measurable?

☐ Yes Pre-treatment 24-hour urinary oxalate level: _____
Reference range:_____

☐ No Please advise why urinary oxalate is not measurable: _____

RENEWAL REQUEST

☐ Yes ☐ No **1.** Has the patient undergone a liver transplant with or without a kidney transplant?

2. Is urinary oxalate measurable?

☐ Yes ☐ Lowering 24-hour urine oxalate to less than 1.5 times the ULN for patients in whom urinary oxalate can be measured:

24-hour urinary oxalate level on therapy with lumasiran: _____
Reference range: _____

☐ No Please advise why urinary oxalate is not measurable: _____

Please describe the patient's response to lumasiran therapy: _____

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

NOVA SCOTIA