NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Omalizumab for Chronic Idiopathic Urticaria

PATIENT INFORMATION			
PATIENT SURNAME	**PATIENT GIVEN NAME**	**HEALTH CARD NUMBER**	**DATE OF BIRTH**
PATIENT ADDRESS			

INITIAL REQUEST

Please advise how the patient meets the following criteria:

☐ For the treatment of adults and adolescents (12 years of age or older) with moderate to severe chronic idiopathic urticaria (CIU)

☐ Patient remains symptomatic (presence of hives and/or associated itching) despite optimum management with available oral therapies

☐ Prescribed by a specialist (allergist, immunologist, dermatologist, etc.) or other authorized prescriber with knowledge of CIU treatment

Baseline UAS7 Score: _____ Date:_____

Trialed Oral Therapy	Dose	Duration	Outcome

RENEWAL REQUEST

Continued coverage will be authorized if the patient has achieved:

☐ Complete symptom control for less than 12 consecutive weeks; **OR**

☐ Partial response to treatment, defined as at least a ≥ 9.5 point reduction in baseline urticaria activity score over 7 days (UAS7); **OR**

☐ Complete symptom control on omalizumab and tried stopping therapy but experienced symptom relapse of their urticaria while off treatment

Current UAS7 Score: _____ Date:_____

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

NOVA SCOTIA