

Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Adalimumab for Hidradenitis Suppurativa

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
INITIAL REQUEST			
Total baseline abscess and nodule count of ≥ 3		Date of assessment (mm/dd/yy): _____	
Parameter	Count (Number of each)		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
Sites of lesion, along with Hurley Stage: _____			
Inadequate response to 90 day trial of oral antibiotics			
▶ Drug, dose, duration: _____			

INITIAL RENEWAL			
		Date of assessment (mm/dd/yy): _____	
<input type="checkbox"/> 50% reduction in abscess and inflammatory nodule count with no increase in abscess or draining fistula count relative to baseline at week 12			
Parameter	Count (Number of each)		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
SUBSEQUENT RENEWAL			
		Date of assessment (mm/dd/yy): _____	
Requests for renewal should provide objective evidence of the preservation of treatment effect			
Parameter	Count (Number of each)		
Abscess	_____		
Inflammatory nodule	_____		
Draining fistula	_____		
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