Nova Scotia Provincial Pharmacare Programs

Request for Coverage for Selective 5HT1 – Receptor Agonists

PATIENT INFORMATION

PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT ADDRESS

DRUG REQUESTED

☐ Sumatriptan tablets (Imitrex®) ☐ Naratriptan tablets (Amerge®)

Rizatriptan and zolmitriptan are full benefits with a quantity restriction to 18 doses every 3 months. Please advise why these agents cannot be used.

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☐ Almotriptan tablets (Axert®) ☐ Zolmitriptan nasal spray (Zomig®) ☐ Sumatriptan nasal spray (Imitrex®)

Reason why sumatriptan tablets, rizatriptan tablet and wafer, naratriptan and zolmitriptan tablets cannot be used:

☐ Contraindication ☐ Adverse Event ☐ Therapeutic failure

☐ Other – please explain: ______________________________

☐ Sumatriptan 6mg/0.5mg Injection (Imitrex®)

Reason why oral and nasal triptans are not appropriate:

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Note: Coverage is limited to 18 doses every 3 months*. Patients with more than 3 migraines a month who are on prophylactic therapy may qualify for additional doses, upon written request.*

DIAGNOSTIC INFORMATION

Current/Past Therapies for Migraine: (indicate drug, dosage, duration)

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**Patient must try other therapies (e.g., NSAIDs, acetaminophen, DHE spray) first, unless the patient has severe or ultra severe migraine attacks.*

Severity of Condition[1]

☐ MODERATE – pain is distracting causing need to slow down and limit activities

☐ SEVERE – pain affects ability to concentrate and very difficult to continue with daily activities

☐ ULTRA SEVERE – unable to speak or think clearly; not able to function; likely lying down or sleeping

1. As diagnosed based on current Canadian Guidelines

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) 468-9402

09/2023