

Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Prasugrel

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
<p>In combination with ASA for patients with:</p> <p><input type="checkbox"/> Unstable angina (UA) or non-ST-segment elevation myocardial infarction (NSTEMI) managed with percutaneous coronary intervention (PCI)</p> <p style="margin-left: 40px;">Date of PCI: _____</p> <p><u>OR</u></p> <p><input type="checkbox"/> ST-segment elevation myocardial infarction (STEMI) managed with primary or delayed PCI</p> <p style="margin-left: 40px;">Date of PCI: _____</p> <p><u>OR</u></p> <p><input type="checkbox"/> Failure on clopidogrel and ASA therapy as defined by definite stent thrombosis¹, or recurrent STEMI, NSTEMI or UA after revascularization with PCI.</p> <p style="margin-left: 40px;">Date of event: _____</p> <p>1. Definite stent thrombosis, according to the Academic Research Consortium, is a total occlusion originating in or within 5 mm of the stent or is a visible thrombus within the stent or is within 5 mm of the stent in the presence of an acute ischemic clinical syndrome within 48 hours.</p>			
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