NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

REQUEST FOR COVERAGE OF OSTEOPOROSIS THERAPY

PATIENT INFORMATION

PATIENT'S SURNAME	PATIENT'S GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH

PATIENT'S ADDRESS

DRUG REQUESTED

☐ **Alendronate ____mg** (e.g., Fosamax®) ☐ **Risedronate ____mg** (e.g., Actonel®) ☐ **Calcitonin Nasal Spray – for fracture pain** (e.g., Miacalcin®) **x 12 weeks only**

The following choices must be explained:

☐ **Raloxifene ____mg** (e.g., Evista®) – indicate why bisphosphonates cannot be used

☐ **Calcitonin Nasal Spray - long term** (e.g., Miacalcin®) – indicate why bisphophonates and raloxifene cannot be used

Explanation:_____

_____

_____

DIAGNOSTIC INFORMATION

☐ **Previous/Current Fragility Fracture**

☐ **Will be on or has been on prednisone therapy ≥ 3 months**

☐ **High Risk of Fracture based on BMD (no previous/current fracture)**
On the table below, circle the patient's lowest T-score from any of the following sites: lumbar spine, total hip (excluding Wards), femoral neck, trochanter. Coverage is provided for those in the high risk category only.

10 YEAR ABSOLUTE FRACTURE RISK BASED ON BMD

	WOMEN				MEN		
AGE* (YEARS)	LOW RISK < 10%	MODERATE RISK 10% - 20%	HIGH RISK > 20%	AGE* (YEARS)	LOW RISK < 10%	MODERATE RISK 10% - 20%	HIGH RISK > 20%
50	> - 2.3	- 2.3 to - 3.9	< - 3.9	50	> - 3.4	<= - 3.4	---
55	> - 1.9	- 1.9 to - 3.4	< - 3.4	55	> - 3.1	<= - 3.1	---
60	> - 1.4	- 1.4 to - 3.0	< - 3.0	60	> - 3.0	<= - 3.0	---
65	> - 1.0	- 1.0 to - 2.6	< - 2.6	65	> - 2.7	<= - 2.7	---
70	> - 0.8	- 0.8 to - 2.2	< - 2.2	70	> - 2.1	- 2.1 to - 3.9	< - 3.9
75	> - 0.7	- 0.7 to - 2.1	< - 2.1	75	> - 1.5	- 1.5 to - 3.2	< - 3.2
80	> - 0.6	- 0.6 to - 2.0	< - 2.0	80	> - 1.2	- 1.2 to - 3.0	< - 3.0
85	> - 0.7	- 0.7 to - 2.2	< - 2.2	85	> - 1.3	- 1.3 to - 3.3	< - 3.3

*Use closest age to patient.

Ref.: *Can Assoc Radiol J*, 2005; 56(3): 178-88

COMMENTS:

PHYSICIAN'S NAME & ADDRESS:

CPSNS #: _____

_____ **PHYSICIAN'S SIGNATURE**

_____ **DATE**

05/2008

Please Return Form To: Nova Scotia Pharmacare Department, P.O. Box 500, Halifax, NS B3J 2S1 FAX: (902) 468-9402