

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
REQUEST FOR COVERAGE OF ANTI-TNF AGENTS FOR PSORIASIS

PATIENT INFORMATION

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| PATIENT'S SURNAME | PATIENT'S GIVEN NAME | HEALTH CARD NUMBER | DATE OF BIRTH |
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REQUEST FOR CONTINUATION OF COVERAGE

Drug Name and Dosage:

Patient achieved a ≥75% reduction in Psoriasis Area Severity Index (PASI) score, OR
 Patient achieved a ≥50% reduction in PASI with a ≥ 5 point improvement in Dermatology Life Quality Index, OR
 Significant reduction in BSA involved, with considerations of important regions such as the face, hands, feet or genital region

ADDITIONAL COMMENTS:

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| PHYSICIAN'S NAME & ADDRESS: <p style="text-align: right;">CPSNS #: _____</p> | <p style="text-align: center;">_____</p> <p style="text-align: center;">PHYSICIAN'S SIGNATURE</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">DATE</p> |
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CRITERIA FOR COVERAGE OF ANTI-TUMOR NECROSIS FACTOR AGENTS FOR PSORIASIS

- for patients with severe, debilitating chronic plaque psoriasis (PsO) who meet all of the following criteria:
 - Body Surface Area (BSA) involvement of >10% and/or significant involvement of the face, hands, feet or genital region
 - failure to respond to, contraindicated to or intolerant of methotrexate and cyclosporine
 - failure to respond to, intolerant of or unable to access phototherapy
- written request of a dermatologist or prescriber with a specialty in dermatology
- continued coverage is dependent on evidence of improvement, specifically:
 - ≥ 75% in the Psoriasis Area and Severity Index (PASI) score, or
 - ≥ 50% reduction in PASI with a ≥5 point improvement in DLQI (Dermatology Life Quality Index), or
 - significant reduction in BSA involved, with consideration of important regions such as the face, hands, feet or genital

Concurrent use of biologics is not approved.

Initial duration and maximum dosage approved:

Adalimumab - initial approval for a maximum of 16 weeks
 - maximum dosage for ongoing coverage is 40mg every two weeks

Etanercept - initial approval for a maximum of 12 weeks
 - maximum dosage approved: 50mg biweekly x initial 12 weeks then 50mg weekly thereafter

Infliximab - initial approval for a maximum of 12 weeks
 - dosage restricted to infliximab 5mg/kg 0, 2 and 6 weeks then every 8 weeks

Ustekinumab - initial approval for a maximum of 16 weeks
 - dosage restricted to 45mg at 0, 4 and 16 weeks, then every 12 weeks thereafter