

Nova Scotia Provincial Pharmacare Programs

Request for Coverage of Hepatitis C Treatments

* Please refer to the Nova Scotia Formulary for the full criteria: <https://novascotia.ca/dhw/pharmacare/documents/formulary.pdf>

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
Criteria Code 34			
<p>Criteria code 34 has been added for use effective December 1, 2019 for the medications listed below. Criteria code 34 will allow payment of a patient's initial 28 day supply only. Criteria code 34 should be provided by the prescribing physician only, who has recognized that it is imperative that the patient start therapy immediately, for example, in patients who might not initiate therapy if there was a delay. A written request must be provided to the Pharmacare office to allow coverage for the remaining duration of therapy.</p> <p>As per published criteria, treatment must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist (or other physician experienced in treating a patient with hepatitis C infection). Please refer to Formulary for complete criteria.</p>			
Diagnostic Information for Lab-Confirmed Hepatitis C			
Evidence of HCV viremia (quantitative HCV RNA value within the last 12 months of this request): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please indicate ALL that apply:			
1. CIRRHOSIS STATUS: <input type="checkbox"/> None <input type="checkbox"/> Compensated <input type="checkbox"/> De-compensated			
2. PREVIOUS THERAPY: <input type="checkbox"/> Treatment-Naïve <input type="checkbox"/> Treatment-Experienced			
Drug(s) and Duration of Therapy			
Drug	Duration (weeks)	Drug	Duration (weeks)
Sofosbuvir/Velpatasvir (<i>Epclusa</i>)	<input type="checkbox"/> 12	Sofosbuvir (<i>Sovaldi</i>)	<input type="checkbox"/> 12 <input type="checkbox"/> 24
Sofosbuvir/Ledipasvir (<i>Harvoni</i>)	<input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 24	Sofosbuvir/Velpatasvir/ Voxilaprevir (<i>Vosevi</i>)	<input type="checkbox"/> 12
Glecaprevir/Pibrentasvir (<i>Maviret</i>)	<input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 16		
PRESCRIBER NAME & ADDRESS <div style="text-align: right; margin-top: 10px;"> _____ LICENCE # </div>		<div style="text-align: right; margin-top: 10px;"> _____ PRESCRIBER SIGNATURE _____ DATE </div>	

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

