

CLOPIDOGREL 75mg Daily (PLAVIX®) SPECIAL AUTHORIZATION

Fax requests to (902) 368-4905 **OR** mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

SECTION 1 – PATIENT INFORMATION

PERSONAL HEALTH NUMBER (PHN)		PATIENT (FAMILY) NAME	PATIENT (GIVEN) NAME(S)
DATE OF BIRTH (YYYY/MM/DD)	PATIENT WEIGHT (kg)	PATIENT'S MAILING ADDRESS	

SECTION 2 – PRESCRIBER INFORMATION

NAME AND MAILING ADDRESS	APPLICATION DATE YYYY MM DD
	PRESCRIBER'S TELEPHONE # AREA CODE
	PRESCRIBER'S FAX # AREA CODE

SECTION 3 – MEDICATION DETAIL INFORMATION

Coverage for Intracoronary Stent Implantation:
Please check the type of stent inserted:

Bare Metal Stent(s) (BMS) – 6 months coverage
 Date of Stent _____

Drug Eluting Stent(s) (DES) – 12 months coverage
 Date of Stent _____

Non-ST-Elevation Acute Coronary Syndrome

Non-ST-segment elevation ACS in combination with ASA (unstable angina or non-ST-segment elevation myocardial infarction (90 days coverage))
 Date of Occurrence _____

High Risk Patient (must indicate risks below) – 12 months coverage

- Second ACS within 12 months
- Complex or extensive CAD (e.g. diffuse 3 vessel CAD not amenable to revascularization)
- Previous stroke, TIA or symptomatic PAD

Long-term monotherapy (alternative to ASA) for secondary prevention in a patient who has had one of the following vascular ischemic events:

Ischemic Stroke/Transient Ischemic Attack (TIA)

- Experienced a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA
- Documented severe allergy to ASA
- GI hemorrhage while on ASA

Unstable Angina or Myocardial Infarction or Peripheral Vascular Disease

- Documented severe allergy to ASA
- GI hemorrhage while on ASA

COMMENTS:

PEI Pharmacare may request additional documentation to support this Special Authorization Request. Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI High-Cost Drugs Program.

If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or at the address at the top of the form.

PRESCRIBER SIGNATURE (REQUIRED) DATE