Print Form

Health PEI

SPECIAL AUTHORIZATION REQUEST

PLAQUE PSORIASIS

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 #
	PRESCRIBER'S FAX #

SECTION 3 – BACKGROUND DIAGNOSTIC INFORMATION

Diagnosis: Patient has severe debilitating chronic plaque psoriasis as defined by:

- ☐ Body Surface Area (BSA) involvement > 10% **AND/OR**
- ☐ Significant involvement of the face, hands, feet, or genitalia region

SECTION 4 – MEDICATION AND DOSE SELECTION

Requested Drug Name and Dose:

☐ **Adalimumab** Dose _____

- ☐ initial approval (max 16 weeks)
- ☐ continued coverage (max dose 40mg q2 weeks)

☐ **Infliximab** Dose _____

- ☐ initial approval (max12 weeks, 5mg/kg at 0,2 and 6 weeks then every 8 weeks)
- ☐ continued coverage (max dose 5mg/kg every 8 weeks)

☐ **Etanercept** Dose _____

- ☐ initial approval (max 12 weeks, 50mg twice weekly)
- ☐ continued coverage (max dose 50mg weekly)

☐ **Secukinumab** Dose _____

- ☐ initial approval (max 12 weeks, 300 mg at weeks 0, 1, 2, and 3; then monthly at week 4)
- ☐ continued coverage (max dose 300 mg monthly)

☐ **Ustekinumab** Dose _____

- ☐ initial approval (max 16 weeks, up to 90mg at 0,4, and 16 weeks)
- ☐ continued coverage (max dose 90mg every 12 weeks)

SECTION 5 – PREVIOUS THERAPIES

Patient's Previous Therapies (if completed on a previous request, provide update information only):

Agents Tried:	Length of Therapy & Outcome (i.e., intolerant, not effective, etc.)
☐ **Methotrexate**	_____
☐ **Cyclosporine**	_____
☐ **Phototherapy**	_____

SECTION 6 – RENEWAL OF COVERAGE

Pre- Biologic PASI score _____

Current PASI score _____ (or attach copy of completed PASI form)

First renewal after the initial 12 to 16 week trial of biologic:

☐ Patient has obtained a PASI ≥75 from the baseline biologic naïve PASI score or a PASI ≥ 50 with a ≥5 point improvement in the DLQI

Subsequent renewals for maintenance therapy:

☐ Patient has maintained a PASI ≥75 from the baseline biologic naïve PASI score or a PASI ≥ 50 with a ≥5 point improvement in the DLQI

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**

FORMS WITH INFORMATION MISSING WILL BE RETURNED FOR COMPLETION.

13HPE15-36497

APPROVALS WILL NOT BE CONSIDERED AT DOSES OR DOSING INTERVALS OUTSIDE OF PEI GUIDELINES