

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Agents for Attention Deficit Hyperactivity Disorder

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
REQUESTED MEDICATION			
☐ Methylphenidate (Biphentin) and generic brands* Dose: _____ (The maximum dose reimbursed is 80 mg daily.) *Please refer to the Nova Scotia Formulary for a list of full-benefit methylphenidate products, including Foquest		☐ Lisdexamfetamine Dimesylate (Vyvanse) and generic brands Dose: _____ (The maximum dose reimbursed is 60 mg daily.)	
METHYLPHENIDATE			
Methylphenidate: 1.) ☐ For the treatment of patients with attention deficit hyperactivity disorder who have tried other forms of extended-release methylphenidate with unsatisfactory results. <u>(Please provide details below)</u> 2.) <u>Medication trial:</u> ☐ <u>Extended-release methylphenidate:</u> Please specify: _____ Outcome: _____			
LISDEXAMFETAMINE DIMESYLATE			
Lisdexamfetamine Dimesylate: 1.) ☐ For treatment of patients with attention deficit hyperactivity disorder who have tried extended-release methylphenidate, dexamphetamine or mixed salts amphetamine with unsatisfactory results. <u>(Please provide details below)</u> 2.) <u>Medication trial:</u> ☐ <u>Extended-release methylphenidate:</u> Please specify: _____ Outcome: _____ ☐ <u>Dexamphetamine:</u> Please specify: _____ Outcome: _____ ☐ <u>Mixed salts amphetamine:</u> Please specify: _____ Outcome: _____			
<u>Additional Comments (if applicable):</u> 			
PRESCRIBER NAME & ADDRESS: 			
_____ LICENCE #		_____ PRESCRIBER SIGNATURE	
		_____ DATE	

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