

## PEI BIOSIMILAR INITIATIVE Patient List Request

- This form is for prescribers to request a list of patients who may need to start using a biosimilar to maintain PEI Pharmacare coverage under the PEI Biosimilar Initiative.
- The list of patients will only be shared via secure email to prescribers with an internal Health PEI (ihs.org) email address and will include the names and PHNs of patients who have filled a recent prescription claim through PEI Pharmacare for the reference biologic drugs selected below where you are the prescriber.
- While the information made available will be assembled with all due care, PEI Pharmacare nor its Partners warrant or represent that the information is free from errors or omission. The information is made available on the understanding that PEI Pharmacare and its employees and agents shall have no liability (including liability by reason of negligence) to the users for any loss, damage, cost or expense incurred or arising by reason of any person using or relying on the information and whether caused by reason of any error, negligent act, omission or misrepresentation in the information or otherwise. While the information made available is considered to be true and correct at the date of publication, changes after the time of reporting may impact the accuracy of the information.

**All fields must be fully completed for processing. Forms with missing information will be returned.**

### Section 1 – Prescriber Information

First Name	Last Name	Type of Prescriber (Check one): <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner
Telephone: ( _____ ) _____ - _____	Fax: ( _____ ) _____ - _____	Prescriber internal Health PEI email address:
Street and Number		
City	Province	Postal Code

### Section 2 – Reference Biologic Medications Requested (check all that apply)

<input type="checkbox"/> <b>Actemra</b> <sup>®</sup> (tocilizumab)	<input type="checkbox"/> <b>Copaxone</b> <sup>®</sup> (glatiramer acetate)	<input type="checkbox"/> <b>Enbrel</b> <sup>®</sup> (etanercept)
<input type="checkbox"/> <b>Humira</b> <sup>®</sup> (adalimumab)	<input type="checkbox"/> <b>Prolia</b> <sup>®</sup> (denosumab)	<input type="checkbox"/> <b>Remicade</b> <sup>®</sup> (infliximab)
<input type="checkbox"/> <b>Rituxan</b> <sup>®</sup> (rituximab)	<input type="checkbox"/> <b>Stelara</b> <sup>®</sup> (ustekinumab)	<input type="checkbox"/> <b>Xolair</b> <sup>®</sup> (omalizumab)

### Section 3 – Prescriber Signature

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 Pharmacare. 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:	License / Registration number:	Date: (DD/MM/YYYY)
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