



# PEI BIOSIMILAR INITIATIVE Patient List Request

Fax requests to (902) 368-4905, email to [drugprograms@gov.pe.ca](mailto:drugprograms@gov.pe.ca) OR mail requests to PEI Pharmacare, P.O. Box 2000, Charlottetown, PE, C1A 7N8

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 (ihis.org) email address.

The list 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.

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"/> Copaxone® (glatiramer acetate)	<input type="checkbox"/> Enbrel® (etanercept)	<input type="checkbox"/> Humira® (adalimumab)
<input type="checkbox"/> Remicade® (infliximab)	<input type="checkbox"/> Rituxan® (rituximab)	

### Section 3 – Prescriber Signature

Personal information on this form is collected by Health PEI under the authority of Section 31(c) of the Freedom of Information and Protection of Privacy Act as it relates to and is necessary for providing services under 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)