

Exception Drug Status Application ARICEPT/EXELON/REMINYL

You should complete this form if:

- ✓ You would like to apply on behalf of a patient for Exception Drug Status coverage for Aricept, Exelon, or Reminyl
- ✓ You would like to renew Exception Drug Status coverage for Aricept, Exelon, or Reminyl

When completing this form you should be aware that:

- ✓ **All sections must be completed** in order to allow this request to be processed. Click here to access [Appendix A](#) of the Formulary for detailed criteria.
- ✓ New patients who meet criteria will be approved for a 3 month treatment period. For renewal after the 3 month period, patients must exhibit an improvement from the initial MMSE or FAQ (i.e.; increase of at least 2 points on MMSE or a decrease of at least 1 point on the FAQ).
- ✓ Existing patients who meet the criteria will be approved for a 6 month period. After the 6 month period, patients who demonstrate a decline in both the FAQ and MMSE scores (i.e.; an increase of 1 or more points on the FAQ and a decrease of 2 or more points on the MMSE) will not be renewed.

1. Patient Information

Patient Surname:	Patient First Name:	Health Services Number:	Date of Birth:
Patient Address (Street, City, Province, Postal Code):			

2. Drug Request

DRUG REQUESTED: (Check One):		
<input type="checkbox"/> ARICEPT (Donepezil)	<input type="checkbox"/> EXELON (Rivastigmine)	<input type="checkbox"/> REMINYL (Galantamine)
THIS PATIENT IS (Check One):		
<input type="checkbox"/> NEW PATIENT (Not currently taking the medication)	<input type="checkbox"/> EXISTING PATIENT OR RENEWAL (Currently taking the requested medication)	SWITCHING MEDICATION DUE TO: <input type="checkbox"/> INTOLERANCE <input type="checkbox"/> FAILURE TO RESPOND

3. MMSE Score

FAQ Score

(Date within 60 days of first application. Not greater than 1 month before current EDS expiry date.)

RECENT MMSE SCORE (10 to 30)	DATE OF MMSE SCORE	FAQ SCORE	DATE OF FAQ SCORE

4. Prescriber Validation (All answers must be "YES" in order to submit Application for EDS Assessment)

I HAVE VERIFIED THAT:	
This patient has been diagnosed with probable Alzheimer's disease as per DSM-IV criteria.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The patient has a recent MMSE Score between 10-26 (new patient) or 10-30 (for existing patient).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of recent MMSE Score is within 60 days (new patient) or not greater than 1 month from EDS expiry (existing patient).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drugs with anticholinergic activity were discontinued within 14 days before the MMSE and FAQ were administered.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drugs with anticholinergic activity will not be used concurrently with Aricept, Exelon or Reminyl. Link to: SFC Quarterly Update Bulletin (#86) April 2001	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prescriber Name:	Prescriber Address:
Prescriber Signature:	Prescriber Telephone Number:
Date Signed:	Prescriber Fax Number: