Government of Saskatchewan

Ministry of Health
Drug Plan and Extended Benefits

MS DRUGS EXCEPTION DRUG STATUS APPLICATION

DATE: ____________________________________

NAME: ____________________________________ **DOB:** ______________________________________

ADDRESS: ____

____ **PHONE:** ___________________________________

NEUROLOGIST: _________________ **DATE OF LAST CONSULTATION:** ______________________

FAMILY PHYSICIAN: _____________________________ **HSN:** _______________________________

Drug Requested:

- ❑ Betaseron
- ❑ Copaxone
- ❑ Rebif
- ❑ Avonex
- ❑ Extavia
- ❑ Tecfidera
- ❑ Aubagio
- ❑ Plegridy

Exception Drug Status approval will be given to patients who are assessed and meet the following criteria*:*

		Yes	No
1.	Have clinical definite relapsing and remitting multiple sclerosis	❑	❑
2.	Have had at least two attacks of MS during the previous two years (an attack is defined as the appearance of new signs/symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, preceded by stability for at least one month)	❑	❑
3.	Are ambulatory 100 meters without aids (canes, walkers or wheelchairs) – EDSS 5.5 or less	❑	❑
4.	Are age 18 or older	❑	❑

Contraindications to Treatment

1.	Concurrent illness likely to alter compliance or substantially reduce life expectancy	❑	❑
2.	Contraindications to the drug product requested (please refer to product monograph)	❑	❑

I, (patient signature) ____, give my permission for any healthcare provider involved in my care to release to the Advisory Panel any information that may be deemed necessary in assessing my application for coverage and subsequent monitoring.

MD Signature: _______________________ Address: ____

Telephone: __________________________ Fax: ____

Please forward clinical history including:

a) documentation of attacks, date of onset, date of diagnosis
b) neurological findings, Extended Disability Status Scale (EDSS) - if known
c) MRI reports or other significant information
d) list current medications

TO: Saskatchewan MS Drugs Program
Suite 7718 - 7th Floor
Saskatoon City Hospital
SASKATOON SK S7K 0M7

OR Fax: (306) 655-8404

For clinical program information: Phone (306) 655-8400 For reimbursement information: Phone 1-800-667-7578