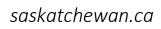
Exception Drug Status (EDS) Request Benlysta (belimumab) for active lupus nephritis			Ministry of Health Plan and Extended Benefits 3475 Albert Street		
•	Regina SK S quests MUST be submitted by prescribers (or their clinics) or pharmacies. quests from patients or Patient Support Programs (PSPs) will NOT be accepted. COMPLETE FORMS may result in a delay in processing the request. Please sure each section is completed.		00-667-2 06-798-1	2549 1089	
Se	ction 1 - Requester Information				
Na	me (first & last): Address (or clinic/pharmacy i	name):			
Tel	lephone Number: Fax Number:				
	quester Type (required) : Physician	/):			
Pre	escriber Name (if different than requester) and Telephone Number:				
Se	ction 2 - Patient Information				
	me (first & last):				
	alth Services Number (HSN): Date of Birth:				
Se	ction 3 - Initial Request for EDS				
1.	Does the patient have a diagnosis of active lupus nephritis (LN)?		Yes	🗆 No	
	Does this patient have an international Society of Nephrology/Renal Pat Society class III (with or without class V), class IV (with or without class V)	• ·	Yes	□ No	
3.	Has this patient started standard induction therapy within the previous	60 days?	Yes	□ No	
	Has this patient previously failed both cyclophosphamide and mycopher as induction?		Yes	□ No	
5.	Has this patient had an eGFR that is less than 30mL/min/1.73m ² ?		Yes	□ No	
	Is this patient is under the care of a rheumatologist or nephrologist experiment of lupus nephritis?		Yes	□ No	
	Please provide the following baseline measurement: 24-hour proteinuria measurement:				
Se	ction 4 – EDS Renewal Request				
(Has this patient had a reduction in their oral corticosteroid dose to less equal to 7.5mg/day (prednisone equivalent) OR a 50% or more decrease their baseline oral corticosteroid dose?	e from	Yes	□ No	
	Is this patient's eGFR greater than or equal to 60mL/min/1.73m ² or no n than 20% less than the value before the renal flare (i.e., preflare value)?		Yes	□ No	
3.	Has this patient had an eGFR that is less than 30mL/min/1.73m ² ?		Yes	□ No	

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4. Has this patient had improvement in proteinuria to no greater than 0.7g/24 hours?*
Ves
Ves
No

24-hour proteinuria: _____ Date: ____(mm-dd-yyyy)

*If baseline 24-hour proteinuria was in the nephrotic range (greater than 3.5 g/24 hours), this value will be assessed at second (and subsequent) renewals, allowing for 18-24 months of treatment to reach the treatment target of 0.7g/24 hours, as long as the other renewal parameters are met at first renewal.

5. Has this patient had the addition of other immunosuppressant agents, corticosteroid use outside of the limits, anti-tumour necrosis factor therapy, or other biologics. □ Yes □ No 6. Is the patient under the care of a rheumatologist or nephrologist experienced in the management of lupus nephritis. □ Yes □ No

Section 5 – Additional Information

Requester Signature: Date: