

## MS DRUGS EXCEPTION DRUG STATUS (EDS) APPLICATION

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### A. PATIENT CONSENT

I, the patient, give permission for my healthcare providers, and the patient support programs that I have enrolled in and given consent to act on my behalf, to release to the Saskatchewan MS Drugs Program and its Advisory Panel any information necessary to assess and monitor my eligibility for EDS coverage.

Patient / Legal representative - Printed name \_\_\_\_\_

Patient / Legal representative - Signature \_\_\_\_\_

Date (dd-mmm-yyyy) \_\_\_\_\_

I, the patient, consent to receive personal health information by voicemail.

Prescriber obtained verbal consent from patient

Prescriber - Signature \_\_\_\_\_

Date of verbal consent (dd-mmm-yyyy) \_\_\_\_\_

### B. PATIENT INFORMATION

Surname \_\_\_\_\_

Given Name/s \_\_\_\_\_

DOB (dd-mmm-yyyy) \_\_\_\_\_

Health Services Number (HSN) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town/Village \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_  Prefer

(Work) \_\_\_\_\_  Prefer

(Cell) \_\_\_\_\_  Prefer

### C. PRESCRIBER INFORMATION

Prescriber Name \_\_\_\_\_

Prescriber Address \_\_\_\_\_

City/Town/Village \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

APPLICATION CONTINUES ON PAGE 2

#### SASKATCHEWAN MS DRUGS PROGRAM

PLEASE DO NOT WRITE IN THIS AREA

Saskatoon City Hospital, Room 8229

Saskatoon, SK S7K 0M7

Email: [MSDrugsProgram@saskhealthauthority.ca](mailto:MSDrugsProgram@saskhealthauthority.ca)

Phone: 306-655-8400

Toll-free: 866-655-7966

Fax: 306-655-8404

[saskatchewan.ca](http://saskatchewan.ca)

Revised July-2018

**D. PATIENT ASSESSMENT INFORMATION**

Surname \_\_\_\_\_ Given Name/s \_\_\_\_\_

DOB (dd-mmm-yyyy) \_\_\_\_\_ HSN \_\_\_\_\_

**Note:** Applications for beneficiaries of federal health plans (such as the Non-Insured Health Benefit (NIHB) Program) should be coordinated with the appropriate health agency.

**Drug:**     Aubagio     Betaseron     \*Glatect     Rebif     \*Copaxone  
 Avonex     Extavia     Plegridy     Tecfidera

**\*Effective July 1, 2018, glatiramer acetate-naïve patients will be eligible for EDS coverage of only the Glatect formulation of glatiramer acetate. Patients with existing EDS approval of Copaxone will remain eligible for coverage of Copaxone at this time, subject to the EDS criteria.**

**MS Exception Drug Status requests will be approved for patients who are assessed and meet the following criteria:**

	Yes	No
1. Has clinically definite relapsing-remitting multiple sclerosis, as defined by the 2017 McDonald diagnostic criteria; AND	<input type="checkbox"/>	<input type="checkbox"/>
2. Has had a clinical relapse <sup>1</sup> and/or new MRI <sup>2</sup> activity in the last two years; AND	<input type="checkbox"/>	<input type="checkbox"/>
3. Is fully ambulatory for 100 meters without aids (canes, walkers, or wheelchairs) — Expanded Disability Status Scale (EDSS) of 5.5 or less; AND	<input type="checkbox"/>	<input type="checkbox"/>
4. Is age 18 or older (Note: Applications for patients under 18 will be considered.)	<input type="checkbox"/>	<input type="checkbox"/>

**Contraindications to Treatment**

5. Has a concurrent illness likely to alter compliance or substantially reduce life expectancy	<input type="checkbox"/>	<input type="checkbox"/>
6. Has contraindications to the drug product requested (please refer to product monograph)	<input type="checkbox"/>	<input type="checkbox"/>

**Patient Assessment Supporting Documents**

7. Attached documentation of attacks to date, date of onset, and date of diagnosis; AND	<input type="checkbox"/>	<input type="checkbox"/>
8. Attached neurological findings, Expanded Disability Status Scale (EDSS); AND	<input type="checkbox"/>	<input type="checkbox"/>
9. Attached MRI reports, or other significant information; AND	<input type="checkbox"/>	<input type="checkbox"/>
10. Attached list of current medications, including prior MS disease-modifying therapy history.	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> A clinical relapse is defined as the appearance of new symptoms or worsening of old symptoms, lasting at least 24 hours in the absence of fever, and preceded by stability for at least one month.

<sup>2</sup> MRI activity is defined as any new multiple sclerosis lesion/s, expanding lesion/s, and/or enhancing lesion/s.

Prescriber signature \_\_\_\_\_ Date (dd-mmm-yyyy) \_\_\_\_\_

**FAX APPLICATION AND SUPPORTING DOCUMENTS TO SASKATCHEWAN MS DRUGS PROGRAM: 306 655 8404**

**SASKATCHEWAN MS DRUGS PROGRAM** PLEASE DO NOT WRITE IN THIS AREA

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 Saskatoon, SK S7K 0M7  
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*saskatchewan.ca*  
Revised July-2018