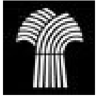
Saskatchewan



Saskatchewan Health

Drug Plan & Extended Benefits Branch

3475 Albert Street
Regina SK S4S 6X6

306-787-3420 Phone
306-787-1089 Fax

MS DRUGS EXCEPTION DRUG STATUS APPLICATION

DATE: ____________________ (D / M / Y)

NAME: ______________________________ **B/D:** ______________

ADDRESS: ______________________________

______________________________ **PHONE:** ______________

NEUROLOGIST: ______________________________

DATE OF LAST CONSULTATION: ______________________________

FAMILY PHYSICIAN: ______________________________ **HSN:** ______________

Drug Requested: ☐ Betaseron ☐ Rebif
☐ Copaxone ☐ Avonex

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

	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 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 fully 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. Pregnancy is planned or occurs, nursing women	☐	☐
3. Active, severe depression	☐	☐

I, (patient signature) ______________________________ , give my permission for any health care 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

Mail to: Saskatchewan MS Drugs Program
Suite 7703 - 7th Floor
Saskatoon City Hospital
SASKATOON, Saskatchewan S7K 0M7

OR Fax: (306) 655-8404

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