Manitoba

Praluent (Alirocumab) / Repatha (Evolocumab)

EXCEPTION DRUG STATUS (EDS) REQUEST FORM

Fax: (204) 942-2030 or 1-877-208-3588

Prescriber Name:	**Fax Number:**
Prescriber Address:	**Phone Number:**
	Prescriber License Number (NOT Billing Number):

Patient First Name:	**PHIN:**	**MHSC:**
Patient Last Name:	**Patient's Date of Birth:**	
New Request ◯	**Renewal Request** ◯	

Requested Medication:	**Strength and Dosage Form:**	**Regimen and Duration:**
◯ **Repatha (evolocumab)** ◯ **Praluent (alirocumab)**		

Note: Patients prescribed Repatha 140 mg every 2 weeks are limited to 26 prefilled syringes (PFS) per year. Patients prescribed Repatha 420 mg every month must use the automated mini-doser (AMD) and are limited to 12 AMD per year.

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria of the EDS listing. Please provide the following details about how this patient meets the specific criteria for coverage. Manitoba Health may request additional documentation to support this EDS request.

For INITIAL Requests:

PART 1: Diagnosis/Indication

Patient has definite or probable diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH).	◯ YES	◯ NO

Diagnosis was confirmed by:
◯ Simon Broome Criteria ◯ Dutch Lipid Network Criteria ◯ Genetic Testing

PART 2: Lab Results (Low Density Lipoprotein Cholesterol [LDL-C])

LDL-C PRIOR to treatment with ezetimibe + statin (mmol/L):	Date of result:
LDL-C AFTER treatment with ezetimibe + statin (mmol/L):	Date of result:

PART 3: Medication History

Please provide the following information:

Name of Statin	*Dosing Regimen*	*Start Date*	*End Date (if applicable)*	*Outcome of Treatment*	*Response to Outcome*
				☐ Intolerable myopathy ☐ Biomarker abnormality (CK > 5 x ULN) ☐ Other:	☐ Dose reduction attempted ☐ Statin re-challenged Outcome if above tried:
				☐ Intolerable myopathy ☐ Biomarker abnormality (CK > 5 x ULN) ☐ Other:	☐ Dose reduction attempted ☐ Statin re-challenged Outcome if above tried:

Ezetimibe History:

Dosing Regimen	*Start Date*	*End Date (if applicable)*

PART 4: Additional Questions		
Has the patient been adherent to a high dose statin (eg. Atorvastatin 80 mg or rosuvastatin 40 mg) in combination with ezetimibe for at least a total of 3 months?	◯ YES	◯ NO
If the patient experienced intolerable symptoms or biomarker abnormalities, were other known determinants ruled out?	◯ YES	◯ NO
Is the patient statin contraindicated?	◯ YES	◯ NO
If yes, please specify the contraindication:		

Additional Relevant Clinical Information:

For RENEWAL Requests:		
Current LDL-C:	Date of result:	
Is the patient adherent to therapy?	◯ YES	◯ NO

Prescriber Signature and Date:

Please check the following:

☐ I have discussed with the patient that the purpose of releasing their information to Manitoba Health, Seniors and Long-Term Care is to obtain Exception Drug Status for prescription coverage.

Date:	Prescriber Signature:

Updated March 5, 2025