EDS REQUEST FORM: CHOLINESTERASE INHIBITOR

Manitoba Health, Seniors and Active Living

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

Prescriber Name: **Prescriber License Number (NOT Billing Number):**	**Fax Number:** **Phone Number:**	
Patient First Name:	**PHIN:**	**MH Registration Number:**
Patient Last Name:	**Patient's Date of Birth:**	
Medication Name and Strength:	**Expected Dosing:**	**Expected Therapy Duration:**

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria of the Part 3 listing. Please complete the following to confirm how this patient meets the specific criteria for coverage.

Initial Coverage (Six months):

- ❑ Confirmed Diagnosis of Alzheimer Disease Based on DSMIV Criteria:
  - ❑ Memory Impairment (Impaired ability to learn new information or to recall previously learned information);
  - ❑ Plus at least one of the following:
    - ❑ Aphasia: problems with language (receptive and expressive)
    - ❑ Apraxia: impaired ability to carry out motor activities despite intact motor function
    - ❑ Agnosia: failure of recognition, especially people
    - ❑ Disturbance in executive functioning
  - ❑ The above deficits have caused significant decline in functioning from previous levels;
  - ❑ A gradual onset and continued cognitive decline;
  - ❑ The absence of other causative conditions; and/or
  - ❑ The deficits do not occur exclusively during the course of delirium.

- ❑ Patient test results are within the reference range(s) for:

CBC	TSH	Electrolytes	Vitamin B_{12}	Glucose
☐	☐	☐	☐	☐

- ❑ Initial MMSE score between 10 and 26, measured within 30 days:

MMSE:_____ Date:_____

Coverage Continuance (One year):

- ❑ The patient has shown improvement or stabilization of symptoms; and
- ❑ MMSE score maintained above 10, measured within 30 days:

MMSE:_____ Date:_____

For continued coverage, patients need a confirmed MMSE score over 10 with a confirmed improvement or stabilization of symptoms at six months and every year thereafter.

Part 3 EDS criteria can be found at: http://www.gov.mb.ca/health/mdbif/docs/edsnotice.pdf