

Kesimpta (Ofatumumab)

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	
Medication, Strength, and Dosage Form:		Regimen and Duration:	

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:				
Diagnosis/Indication:	Relapsing-remitting multiple sclerosis (RMSS)			
	Other: _____			
Is ofatumumab being prescribed by a neurologist from the Manitoba Multiple Sclerosis (MS) Clinic?			YES	NO
Please provide the patient's current Expanded Disability Status Scale (EDSS) Score:		Date obtained:		
Please provide any date(s) of relapses within the previous 2 years:				
Date of relapse (dd/mm/yyyy):				
Date of relapse (dd/mm/yyyy):				
Date of relapse (dd/mm/yyyy):				
Has the patient had a positive gadolinium (Gd)-enhancing magnetic resonance imaging (MRI) scan in the previous year?			YES	NO
Will ofatumumab be used in combination with other disease-modifying treatments used to treat MS?			YES	NO

For RENEWAL Requests:		
Date of most recent assessment:	Number of relapses in the previous year:	
Has the patient experienced any evidence of disease progression since the previous assessment?	YES	NO
If yes to the above question, please explain:		

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: