

# Mavenclad (Cladribine)

## 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:	
Patient Last Name:		MHSC:	
Patient's Date of Birth:			
New Request		Renewal Request	
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 (RRMS) Other: _____			
Is cladribine being prescribed by a neurologist from the Manitoba Multiple Sclerosis (MS) Clinic?	YES	NO		
Will cladribine be used in combination with other disease-modifying treatments used to treat MS?	YES	NO		
<b>Please provide the patient's current Expanded Disability Status Scale (EDSS) Score.</b> EDSS Score: _____ Date (dd/mm/yyyy): _____				
<b>Treatment History (provide information for disease modifying therapies):</b>				
Name of Drug	Dosing Regimen	Start Date	End Date (if applicable)	Outcome of Treatment
				Ineffective Intolerance (specify): Contraindication (specify): Other (specify):
				Ineffective Intolerance (specify): Contraindication (specify): Other (specify):
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<b>Has the patient experienced any of the following:</b>				
One or more clinically disabling relapses in the previous year.				
Two or more relapses with complete recovery in the previous year <b>AND</b> at least one gadolinium-enhancing lesion on brain MRI.				
Significant increase in T2 lesion load compared to a previous MRI.				
One relapse with complete or incomplete recovery in the last year <b>AND</b> multiple gadolinium-enhancing lesions on brain MRI.				



**Additional Relevant Clinical Information:****For RENEWAL Requests:**

Is the patient continuing to respond to and benefit from treatment with cladribine?

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: