

Nucala (Mepolizumab) for CRSwNP

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: | Severe chronic rhinosinusitis with nasal polyps (CRSwNP) | | |
| | Other: _____ | | |
| Please check YES or NO to the following statements: | | | |
| Request for coverage is being made by a physician with expertise in managing severe CRSwNP. | YES | NO | |
| Patient has endoscopically or CT-documented bilateral nasal polyps. | YES | NO | |
| Patient has undergone at least 1 prior surgical intervention for nasal polyps or has a contraindication to surgery. | YES | NO | |
| Patient is tolerant and able to continue use of inhaled nasal corticosteroids but has refractory symptoms despite use of inhaled nasal corticosteroids for 3 months at maximally tolerated doses . | YES | NO | |
| Please specify the inhaled nasal corticosteroid the patient is currently using: | | | |
| Nucala (mepolizumab) will be used as add-on maintenance treatment with intranasal corticosteroids. | YES | NO | |
| Please provide the current score for at least ONE of the following tests: | | | |
| Sino-nasal Outcome Test-22 (SNOT-22): | Date of Result: | | |
| Endoscopic nasal polyp score (NPS): | Date of Result: | | |
| Additional Relevant Clinical Information: | | | |

| For RENEWAL Requests: | | | |
|---|-----------------|--|--|
| Please provide the current score for at least ONE of the following tests: | | | |
| Sino-nasal Outcome Test-22 (SNOT-22): | Date of Result: | | |
| Endoscopic nasal polyp score (NPS): | Date of Result: | | |

| 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: |