

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

Request for Insured Coverage of Ocrevus

| PATIENT INFORMATION | | | |
|--|--------------------|-------------------------|---------------|
| PATIENT SURNAME | PATIENT GIVEN NAME | HEALTH CARD NUMBER | DATE OF BIRTH |
| PATIENT ADDRESS | | | |
| DIAGNOSTIC / DRUG INFORMATION | | | |
| INITIAL REQUEST | | | |
| PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS | | | |
| For the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) who meet all of the following criteria: | | | |
| <input type="checkbox"/> Confirmed diagnosis based on McDonald criteria Recent Expanded Disability Status Scale (EDSS): _____ date: _____ | | | |
| <input type="checkbox"/> Recent Functional Systems Scale (FSS) score of at least 2 for the pyramidal functions component due to lower extremity findings FSS score: _____ date: _____ | | | |
| Disease duration of less than : <input type="checkbox"/> 10 years for those with an EDSS of less than or equal to 5 | | | |
| OR | | | |
| <input type="checkbox"/> 15 years for those with an EDSS greater than 5 | | | |
| <input type="checkbox"/> Diagnostic imaging features characteristic of inflammatory activity | | | |
| RELAPSING REMITTING MULTIPLE SCLEROSIS | | | |
| For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria | | | |
| <input type="checkbox"/> Confirmed diagnosis based on McDonald criteria | | | |
| <input type="checkbox"/> Experienced one or more disabling relapses or new MRI activity in the last two years | | | |
| Recent Expanded Disability Status Scale (EDSS): _____ date: _____ | | | |
| Renewal Request | | | |
| Recent Expanded Disability Status Scale (EDSS): _____ date: _____ | | | |
| Comments | | | |
| | | | |
| PRESCRIBER NAME & ADDRESS: _____ _____ _____ | | _____ _____ _____ | |
| LICENCE # | | PRESCRIBER SIGNATURE | |
| | | DATE | |

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
 P.O. Box 500, Halifax, NS B3J 2S1
 Fax: (902) 468-9402