

Exception Drug Status Application

ARICEPT/EXELON/REMINYL

Drug Plan & Extended Benefits
3475 Albert St REGINA, Canada
Phone: 1-800-667-7581
FAX: 306-798-1089

You should complete this form if:

- ✓ You would like to apply on behalf of a patient for Exception Drug Status coverage for Aricept, Exelon, or Reminyl
- ✓ You would like to renew Exception Drug Status coverage for Aricept, Exelon, or Reminyl

When completing this form you should be aware that:

- ✓ **All sections must be completed** in order to allow this request to be processed. Click here to access Appendix A of the Formulary for detailed criteria.
- ✓ New patients who meet criteria will be approved for a 3 month treatment period. For renewal after the 3 month period, patients must exhibit an improvement from the initial MMSE or FAQ (i.e.; increase of at least 2 points on MMSE or a decrease of at least 1 point on the FAQ).
- ✓ Existing patients who meet the criteria will be approved for a 6 month period. After the 6 month period, patients who demonstrate a decline in both the FAQ and MMSE scores (i.e.; an increase of 1 or more points on the FAQ and a decrease of 2 or more points on the MMSE) will not be renewed.

1. Patient Information

Patient Surname:	Patient First Name:	Health Services Number:	Date of Birth:
Patient Address (street, city, province, postal code)			

2. Drug Request

DRUG REQUESTED (Check one):	<input type="checkbox"/> ARICEPT (Donepezil)	<input type="checkbox"/> EXELON (Rivastigmine)	<input type="checkbox"/> REMINYL (Galantamine)
THIS PATIENT IS (Check one):			
<input type="checkbox"/> NEW PATIENT (not currently taking the medication)	<input type="checkbox"/> EXISTING PATIENT OR RENEWAL (currently taking the requested medication)	SWITCHING MEDICATION DUE TO:	
		<input type="checkbox"/> INTOLERANCE	<input type="checkbox"/> FAILURE TO RESPOND

3. MMSE Score

Within 60 days of first application. Not greater than 1 month before current EDS expiry date.)

RECENT MMSE SCORE (10 to 30)	DATE OF MMSE SCORE	FAQ SCORE	DATE OF FAQ SCORE
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FAQ Score

4. Prescriber Validation (All answers must be "YES" in order to submit Application for EDS Assessment)

I HAVE VERIFIED THAT:

- Patient has been diagnosed with probable Alzheimer's disease as per DSM-IV criteria. ☐ YES ☐ NO
 - Patient has a recent MMSE Score between 10-26 (new patient) or 10-30 (for existing patient). ☐ YES ☐ NO
 - Date of recent MMSE Score is within 60 days (new patient) or not greater than 1 month from EDS expiry (existing patient). ☐ YES ☐ NO
 - Drugs with anticholinergic activity were discontinued within 14 days before the MMSE and FAQ were administered. ☐ YES ☐ NO
 - Drugs with anticholinergic activity will not be used concurrently with Aricept, Exelon or Reminyl. ☐ YES ☐ NO
- Link to: [SFC Quarterly Update Bulletin \(#86\) April 2001](#)

Prescriber Information

Name:	Address:
Telephone:	Fax:
Signature:	Date signed:

FAX REQUEST TO (306) 798-1089 OR MAIL TO 3475 ALBERT STREET, REGINA SK S4S 6X6