

## Koselugo (Selumetinib)

### 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	
Dose:		Expected 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:		
<b>Diagnosis/Indication:</b>	Treatment of pediatric patients with neurofibromatosis type 1 (NF1), with symptomatic, inoperable plexiform neurofibromas (PNs)	
	Other: _____	
The patient is 2 to 18 years age (inclusive).	YES	NO
The PN <b>cannot</b> be completely surgically removed without risk of substantial morbidity due to the encasement of, or close proximity to, vital structures, or invasiveness, or high vascularity of the PN.	YES	NO
The patient is under the care of a neurooncologist or pediatrician with expertise in neurooncology.	YES	NO
<p>At <b><u>BASELINE</u></b> (PRIOR to starting Koselugo), the patient has symptomatic PN that causes <u>significant morbidity</u>, such as <b>(select all that apply)</b>:</p> <ul style="list-style-type: none"> <li>Head or neck PN that compromises the airway or great vessels</li> <li>Paraspinal PN that causes myelopathy</li> <li>Brachial or lumbar plexus PN that causes nerve compression and loss of function</li> <li>PN that results in major deformity (e.g., orbital PN) or significant disfigurement</li> <li>PN of the extremity that causes limb hypertrophy or loss of function</li> <li>Painful PN</li> <li>Other <b>(please specify)</b>:</li> </ul>		

<b>Please provide the following clinical information based on clinical assessment and/or imaging at <u>BASELINE</u> (PRIOR to starting Koselugo):</b>	
Date of Assessment	
PN location(s) and size(s)	
PN-related pain	
PN-related functional impairment	
Description of overall NF1 disease activity	

<b>For RENEWAL Requests:</b>			
<b>Please provide <u>CURRENT</u> clinical information based on clinical assessment and/or imaging:</b>			
Date of Assessment			
PN location(s) and size(s)			
PN-related pain			
PN-related functional impairment			
Description of overall NF1 disease activity			
The information provided above demonstrates that the patient has experienced a response to treatment and has <b>NOT</b> experienced disease worsening or progression as compared to baseline.	<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
YES	NO		

<b>Prescriber Signature and Date:</b>	
<p><b>Please check the following:</b></p> <p>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.</p>	
Date:	Prescriber Signature: