



Nucala (Mepolizumab) / Omlyclo (Omalizumab) 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 Regimen:	Duration:	
Omalizumab (Omlyclo) Mepolizumab (Nucala)			

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
The requested medication will be used as add-on maintenance treatment with intranasal corticosteroids.			YES	NO
Patient is tolerant and able to continue use of nasal corticosteroids but has refractory symptoms despite use of nasal corticosteroids for 3 months at maximally tolerated doses .			YES	NO
Please specify which nasal corticosteroids were tried:				
Name of Medication	Dose and Frequency	Dates of Trial		
Please provide the <u>baseline</u> score (prior to initiation of biologic therapy) 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:		
For Omalizumab ONLY – please provide the following:				
Baseline IgE Level (units/mL):		Date of Result:		
Patient's weight (kg):		Date of Result:		

Additional Relevant Clinical Information:

For RENEWAL Requests:

Please provide the current score for at least ONE of the following (must be the same test provided on the initial request):

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: