Ocrevus (Ocrelizumab)

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:**	
◯ **Initial Request**	◯ **Renewal Request**	
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:		
The patient is 18 years of age or older.	◯ YES	◯ NO
Ocrelizumab is being prescribed by a neurologist from the Manitoba Multiple Sclerosis Clinic.	◯ YES	◯ NO
Diagnosis of multiple sclerosis was made using the revised McDonald criteria.	◯ YES	◯ NO
Please select ONE of the indications listed below and fill out the corresponding section:		
◯ **Section I Relapsing-remitting multiple sclerosis (RRMS)**		
Indicate the number of clinical attack(s) within the previous 2 years: List the date(s) of the attacks:		
The patient is ambulatory (with aids, if necessary).	◯ YES	◯ NO
◯ **Section II Early primary progressive multiple sclerosis (PPMS)**		
EDSS Score:	Date:	
Functional Systems scale for pyramidal system due to lower extremity findings:	Date:	
Disease duration (in years):		
◯ **Section III Other indication** *(please specify)*:		
Additional Relevant Clinical Information:		

For RENEWAL Requests:		
Indication: ◯ RRMS ◯ PPMS		
Patient is continuing to respond to and benefit from treatment with ocrelizumab.	◯ YES	◯ NO
EDSS Score **(for PPMS only):**	Date:	

Prescriber Signature and Date:	
☐ **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:

Updated May 20, 2025