

Nova Scotia Provincial Pharmacare Programs
Request for Coverage of Kesimpta (ofatumumab)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
INITIAL REQUEST			
RELAPSING REMITTING MULTIPLE SCLEROSIS (RRMS)			
For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria:			
1.) Evidence of active disease defined as at least one of the following:			
<input type="checkbox"/> One relapse during the previous year OR			
<input type="checkbox"/> Two relapses during the previous 2 years OR			
<input type="checkbox"/> A positive gadolinium (Gd)-enhancing MRI scan during the year before starting treatment with ofatumumab.			
2.) Recent Expanded Disability Status Scale (EDSS) score of <6.0			
Score: _____ Date: _____			
RENEWAL REQUEST			
RELAPSING REMITTING MULTIPLE SCLEROSIS (RRMS)			
1.) EDSS score: _____ Date: _____			
2.) Date of most recent neurological examination: _____			
3.) Details of most recent neurological examination: _____			

4.) Stable or has experienced no more than 1 disabling attack/relapse in the past year <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMMENTS (if applicable):			
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) 496-4440