

Nova Scotia Provincial Pharmacare Programs

Request for Coverage of Ocrevus (ocrelizumab)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC / DRUG INFORMATION			
INITIAL REQUEST			
PRIMARY PROGRESSIVE MULTIPLE SCLEROSIS			
For the treatment of adult patients with early primary progressive multiple sclerosis (PPMS) who meet all of the following criteria:			
<input type="checkbox"/> Confirmed diagnosis based on McDonald criteria Recent Expanded Disability StatusScale (EDSS): _____ date: _____			
<input type="checkbox"/> Recent Functional Systems Scale (FSS) score of at least 2 for the pyramidal functions component due to lower extremity findings FSS score: _____ date: _____			
Disease duration of less than : <input type="checkbox"/> 10 years for those with an EDSS of less than or equal to 5			
OR			
<input type="checkbox"/> 15 years for those with an EDSS greater than 5			
<input type="checkbox"/> Diagnostic imaging features characteristic of inflammatory activity			
RELAPSING REMITTING MULTIPLE SCLEROSIS			
For the treatment of adult patients with relapsing remitting multiple sclerosis (RRMS) who meet all of the following criteria			
<input type="checkbox"/> Confirmed diagnosis based on McDonald criteria			
<input type="checkbox"/> Experienced one or more disabling relapses or new MRI activity in the last two years			
Recent Expanded Disability StatusScale (EDSS): _____ date: _____			
Renewal Request			
Recent Expanded Disability StatusScale (EDSS): _____ date: _____			
Comments			
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

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