



**EXCEPTION DRUG STATUS APPLICATION FORM  
FOR THE ANKYLOSING SPONDYLITIS DRUGS  
(NEW AND RENEWAL)**

DATE: \_\_\_\_\_

NAME OF PATIENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HEALTH NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RHEUMATOLOGIST: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

DRUG REQUESTED: \_\_\_\_\_

Exception Drug Status approval will be given to patients who are assessed and meet the following criteria. Initial coverage will be for a 12-week period. For renewal, please complete the bottom of this form:

**INITIAL APPLICATION**

1. Have already been treated conventionally with two or more NSAIDS taken sequentially at maximum tolerated or recommended doses for four weeks without symptom control.

<b>Yes</b>	<b>No</b>
<input type="checkbox"/>	<input type="checkbox"/>

and

2. Satisfy New York diagnostic criteria: a score  $\geq 4$  on the BASDAI **AND** a score of  $\geq 4$  cm on the 0 -10cm spinal pain VAS on two occasions at least 12 weeks apart without any change of treatment.

	<b>SCORE:</b>	
<b>BASDAI</b>	<b>VAS#1</b>	<b>VAS#2</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date \_\_\_\_\_

**FOR RENEWAL**

3. Have had an adequate response to treatment assessed at 12 weeks defined as at least 50% reduction in pre-treatment baseline BASDAI score or by  $\geq 2$  units **AND** a reduction of  $\geq 2$  cm in the spinal pain VAS.

	<b>SCORE:</b>	
<b>BASDAI</b>	<b>VAS</b>	
<input type="text"/>	<input type="text"/>	

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Rheumatologist

\_\_\_\_\_  
Date

**Complete this form and mail or fax to:**  
Operations Unit  
Saskatchewan Drug Plan & Extended Benefits Branch  
2<sup>nd</sup> Floor 3475 Albert Street  
Regina, SK S4S 6X6

Fax: (306) 798-1089  
Telephone: (306) 787-8744