

EXCEPTION DRUG STATUS (EDS) REQUEST FORM

FAX: (204) 942-2030 or 1-877-208-3588

Prescriber Name:	Fax Number:
	Phone Number:
Prescriber Address:	Prescriber License Number (NOT Billing Number):

Patient First Name:	PHIN:	MH Registration Number:
Patient Last Name:	Patient's Date of Birth:	
Medication Name and Strength:	Expected Dosing:	Expected Therapy Duration:

Exception Drug Status (EDS) approval is only granted upon demonstration that the patient meets the coverage criteria Part 3 listing. Please provide the following details about how this patient meets the specific criteria for coverage.

Diagnosis/Indication (select):

- To increase bone mass in men with osteoporosis who are at a high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy, where the following clinical criteria are met:
- To increase bone mass in postmenopausal women with osteoporosis who are at a high risk for fracture or who have failed or are intolerant to other available osteoporosis therapy, where the following clinical criteria are met:

Medical Information (select all that apply):

Patient is at high risk for fracture, defined as:

- moderate 10-year fracture risk (10% to 20%) as defined by either the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool with a prior fragility fracture;

OR

- high 10-year fracture risk ($\geq 20\%$) as defined by either the Canadian Association of Radiologists and Osteoporosis Canada (CAROC) tool or the World Health Organization's Fracture Risk Assessment (FRAX) tool.

AND

- Patient is contraindicated to oral bisphosphonates

NOTES:

- Bisphosphonate failure will be defined as a fragility fracture and/or evidence of a decline in bone mineral density below pre-treatment baseline levels, despite adherence for one year.
- Contraindication to oral bisphosphonates will be considered. Contraindications include renal impairment, hypersensitivity, and abnormalities of the esophagus (e.g. esophageal stricture or achalasia).

Additional Clinical Information:

Date: _____ **Prescriber Signature:** _____

For EDS Office: _____