

Dupixent (Dupilumab) for Eosinophilic Asthma

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's First Name:	PHIN:	MH Registration Number:
Patient's Last Name:	Patient's Date of Birth:	
Requested 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 of the Part 3 listing. Please provide the following details about how this patient meets the specific criteria for coverage.

Diagnosis:
<input type="checkbox"/> This patient has a documented diagnosis of severe asthma with a Type 2/eosinophilic phenotype
<input type="checkbox"/> Documentation/laboratory report(s) is attached to support the aforementioned diagnosis
Age of Patient: _____

Patient's Baseline Information (Prior to Treatment Initiation)									
<input type="checkbox"/> Symptoms are not controlled despite optimal treatment, defined as daily use of medium- to high-dose inhaled corticosteroids ¹ (ICS) plus one controller medication (e.g., long-acting beta-agonists (LABA)). Patient currently requires daily use of:									
<table border="1"> <thead> <tr> <th>Drug Class</th> <th>Name of Drug</th> <th>Current Dose and Frequency</th> </tr> </thead> <tbody> <tr> <td>ICS</td> <td></td> <td></td> </tr> <tr> <td>Controller Medication</td> <td></td> <td></td> </tr> </tbody> </table>	Drug Class	Name of Drug	Current Dose and Frequency	ICS			Controller Medication		
Drug Class	Name of Drug	Current Dose and Frequency							
ICS									
Controller Medication									
<p>¹High-dose ICS is defined as greater or equal to 400mcg of fluticasone propionate or equivalent daily. Medium-dose ICS is defined as greater than 100 mcg-400 mcg of fluticasone propionate or equivalent daily.</p>									
Patient's Current Blood Eosinophil Count: _____ cells/uL Date of Test Result: _____									
Number of clinically significant asthma exacerbation ² within the past 12 months: _____ <p>² Clinically significant asthma exacerbations are defined as worsening of asthma resulting in hospitalization, an emergency care visit, or treatment with systemic corticosteroids.</p>									
<input type="checkbox"/> Patient is not currently being treated with other biologics for asthma.									
<input type="checkbox"/> A baseline assessment of asthma symptom control using a validated asthma control questionnaire has been completed prior to initiation of dupilumab treatment. Current ACQ Score: _____									
<input type="checkbox"/> Patient is being managed by a physician with expertise in treating asthma.									

Information for RENEWAL (Complete for EDS Renewal ONLY)

Total number of clinically significant exacerbations the patient has experienced within the past 12 months after having started treatment with Dupixent: _____

Current Asthma Control Questionnaire (ACQ) Score : _____
Date on which score was obtained: _____

Number of clinically significant exacerbations within the past 12 months: _____

If patient had been on maintenance treatment with an oral corticosteroid (OCS) prior to starting Dupixent, please provide the patient's current OCS dose and frequency: _____

Prescriber Signature and Date:

Date:

Prescriber
Signature: