

MSTAC RENEWAL APPLICATION FOR FUNDING OF BETA-INTERFERON OR GLATIRAMER ACETATE

For patients who are currently being treated with beta-interferon or glatiramer acetate (with New Zealand government funding)

Please send applications to:

The Co-ordinator Phone: 04 460 4990
 MSTAC Facsimile: 04 916 7571
 PHARMAC Email:
 P O Box 10-254 mstacordinator@pharmac.govt.nz
 WELLINGTON

*Applications **must** be **complete** and accompanied by **all** supporting data.*

Have you attached:

- MR scan reports?
- Other laboratory reports?
- Relapse history form?
- EDSS summary?

Patient Details	
Title:	Mr/Mrs/Miss/Ms/Dr
Surname:	
First Name/s:	
Address:	
Gender:	Male/Female
D.O.B:	
NHI No:	
Phone No:	
Fax No:	
Email Address:	
Cell phone No:	

Applying Practitioner	
Speciality (circle):	Neurologist or Physician
Surname:	
First Name:	
NZMC Registration Number:	
Address:	
Phone No:	
Fax No:	
Email Address:	
Cell phone No:	

Patient's General Practitioner	
Surname:	
First Name:	
Address:	
Phone No:	
Fax No:	

Application for Renewal of Subsidy for Disease Modifying Treatment for MS

Patient Details	
Surname:	
First Name/s:	
NHI No:	

Baseline EDSS : Relapse Rate : Treatment Start Date:
--

Number of relapses in the past 12 months of treatment: <i>(Please also complete details on separate form)</i>
--

Treatment Since Last Review:
<input type="checkbox"/> Betaferon <input type="checkbox"/> Avonex <input type="checkbox"/> Copaxone <input type="checkbox"/> IV Immunoglobulin
Notes on Changes in Treatment:

Adherence to Treatment	Comments
<input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	
Responsiveness to BIF Treatment	
Neutralising Anti-bodies Yes/No	Results:
MxA mRNA Response Yes/No	Results:

General Comments:

Neurologist's Declaration

I confirm that the above and attached details are correct and that in signing this form I understand that I may be audited. I recommend that beta-interferon or glatiramer acetate for this patient be continued.

Signature: _____ Date: _____

EDSS

Patient Details	
Surname:	
First Name/s:	
NHI No:	

DATE EDSS ASSESSED:
ASSESSOR:

Functional System	Score	Please Describe Main Signs	
Pyramidal			
Cerebellar			
Brainstem			
Sensory			
Bowel and Bladder			
Visual (or Optic Nerve)		VAR =	VAL =
Cerebral (or Mental)			
Other			
Measured Walking Distance without aid or rest.			
If Aids used to walk - type of aid used and distance walked without rest, using the aid.			
EDSS SCORE			

EXPANDED DISABILITY STATUS SCALE (EDSS)

- 0 - Normal neurologic exam (all grade 0 in Functional Systems [FS]; Cerebral grade 1 acceptable).
- 1.0 - No disability, minimal signs. (one or two FS grade 1 excluding Cerebral grade 1).
- 1.5 - No disability, minimal signs in three or more FS (three or more FS grade 1 excluding Cerebral grade 1).
- 2.0 - Mild disability in one FS (one FS grade 2, others 0 or 1).
- 2.5 - Mild disability in two FS (two FS grade 2, others 0 or 1).
- 3.0 - Moderate disability in one FS (one FS grade 3, others 0 or 1) or mild disability in three or four FS (three/four FS grade 2, others 0 or 1) though fully ambulatory.
- 3.5 - Fully ambulatory but with moderate disability exceeding 3.0 (one FS and one or two or more grade 2; or two FS grade 3; or five FS grade 2 (with other FS 0 or 1).
- 4.0 - Fully ambulatory without aid or rest for 500 metres or more. One FS grade 4 (others 0 or 1) or combinations of lesser grades exceeding limits of previous steps. Able to walk without aid or rest some 500 metres.
- 4.5 - Fully ambulatory without aid or rest for about 300 metres. One FS grade 4 (others 0 or 1) or combinations of lesser grades exceeding limits of previous steps.
- 5.0 - Ambulatory without aid or rest for about 200 metres (Usual FS equivalents are one grade 5 alone, others 0 or 1; or combinations of lesser grades exceeding specifications for step 4.5).
- 5.5 - Ambulatory without aid or rest for about 100 metres. (Usual FS equivalents are one grade 5 alone, others 0 or 1; or combinations of lesser grades exceeding those for step 5.0).
- 6.0 - Intermittent or unilateral constant assistance (cane, crutch or brace) required to walk about 100 metres with or without resting. (Usual FS equivalents are combinations with more than two FS grade 3+).
- 6.5 - Constant bilateral assistance (canes, crutches, or braces) required to walk about 20 metres without resting. (Usual FS equivalents are combinations with more than two FS grade 3+).
- 7.0 - Unable to walk beyond about 5 metres even with aid, essentially restricted to wheelchair, wheels self in standard wheelchair and transfers alone. (Usual FS equivalents are combinations with more than one FS grade 4+, very rarely pyramidal grade 5 alone).
- 7.5 - Unable to take more than a few steps, restricted to wheelchair, may need aid in transfer, wheels self but cannot carry on in standard wheelchair a full day, may require motorised wheelchair. (Usual FS equivalents are combinations more than one FS grade 4+).
- 8.0 - Essentially restricted to bed or chair or perambulated in wheelchair but retains many self-care functions and generally has effective use of arms. (Usual FS equivalents are combinations with grade 4+ in more than one FS).
- 8.5 - Essentially restricted to bed much of the day, has some effective use of arm(s), retains some self-care functions. (Usual FS equivalents are combinations, generally 4+ in several systems).
- 9.0 - Helpless bed patient, can communicate and eat. (Usual FS equivalents are combinations, mostly grade 4+).
- 9.5 - Totally helpless bed patient, unable to communicate effectively or eat/swallow. (Usual FS equivalents are combinations, almost all grade 4+).
- 10 - Death due to MS.

Relapse Summary (Renewal Application)

Patient Details	
Surname:	
First Name/s:	
NHI No:	
Date Assessed:	

Please record details for all relapses in the past year (since last approval).

Onset of relapse (month & year)	Duration of relapse (weeks)	New or recurrent symptom(s) of relapse. (Sufficient to change EDSS or a FS by 1 point)	Period of any hospitalisation during relapse (days)	Treatment	Relapse Monitored/confirmed by:
				<input type="radio"/> Steroids <input type="radio"/> Other	
				<input type="radio"/> Steroids <input type="radio"/> Other	
				<input type="radio"/> Steroids <input type="radio"/> Other	