

Exceptions application form for multiple sclerosis treatments – ONLY 'grandparented' patients on beta-interferon or glatiramer acetate

Return completed form to:
Exceptional Circumstances
PHARMAC
PO Box 10-254
WELLINGTON
Phone: 0800 660 050 option 2
Email: nppa@pharmac.govt.nz

Note that this form should only be used to apply for renewal of funding for patients who already have an exceptional circumstances (EXCP) approval. Applications for all other patients with MS should be made through the on-line [Special Authority](#) system.

As of 1 March 2021 the criteria for access to funded treatments for multiple sclerosis (MS) were widened to an EDSS of 0 - 6.0 inclusive. This change allows patients with MS to remain on treatment for longer. There was a small group of patients who had been on MS treatments under older (2000) criteria. Patients approved under the 2000 criteria with baseline EDSS scores of 5.5 or below have been transferred to the new criteria as the new criteria did not disadvantage them. The new criteria allow patients to remain on treatment at EDSS scores of 0-6.0 inclusive. However, some patients commenced on treatment under the 2000 criteria with a baseline EDSS of 6.0 or 6.5 which permitted them to remain on treatment until their EDSS reached 7.0. These patients will continue to be assessed under the 2000 criteria and can remain on treatment until a stopping criterion of EDSS 7.0 (ie they can remain on treatment at an EDSS of 6.5).

This exceptions application form should be used to apply for renewal of funding for these patients ONLY.

Patient Details	Details of Applying Practitioner
Last name:	Last name:
First name:	First name:
Address:	Address:
	Phone:
NHI No:	NZMC#:
Date of Birth:	Email:

Nominated pharmacy: *Where will supplies be obtained if approval of this treatment is granted? (Pharmacy will be notified directly if approved):*

Name:
DHB:
Address:
Phone:

Medicine and Dosage details

For patients currently being treated with one of the following (with New Zealand government funding) under 'grandparented' criteria (April 2000) please tick:

Interferon beta-1a (Avonex)	
Interferon beta-1b (Betaferon)	
Glatiramer acetate (Copaxone)	

EDSS (Renewal Application)

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 an aid is 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)

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="checkbox"/> Steroids <input type="checkbox"/> Other	
				<input type="checkbox"/> Steroids <input type="checkbox"/> Other	
				<input type="checkbox"/> Steroids <input type="checkbox"/> Other	

Signature of Medical Practitioner: _____

Date of Request: _____